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INSTITUTE ON THE UTILIZATION OF SUPPORTIVE PERSONNEL IN SCHOOL SPEECH AND HEARING PROGRAMS (WASHINGTON, D.C., SEPTEMBER 6-8, 1967).

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INSTITUTE PAPERS TREAT THE UTILIZATION OF SUPPORTIVE PERSONNEL IN SCHOOL SPEECH AND HEARING PROGRAMS. A PREFACE PRESENTS THE INSTITUTE'S PURPOSES, AND AN INTRODUCTION BY THE EDITOR DESCRIBES THE CONCERNS, ATTITUDES, AND CONCLUSIONS OF THE INSTITUTE PARTICIPANTS. THE REPORT INCLUDES THE FOLLOWING 10 SPEECHES--"WELCOME AND INTRODUCTORY REMARKS" BY M.C. FITZGERALD, "THE DEVELOPMENT OF PROFESSIONAL TEAMS IN EDUCATION AND SERVICES FOR THE HANDICAPPED" BY J. GALLAGHER, "NEW CAREERS IN NEW FIELDS" BY A. BRODY, "HELP FOR THE PROFESSIONAL" BY L. GOLDMAN, "EDUCATION" BY D. DAVIES, "NURSING" BY E. ULRICH, "PHYSICAL THERAPY" BY F.S. LINDUFF, "COUNSELING" BY C. MCDANIELS, "OUR CRISIS" BY H. MARGE, AND "SUPPORTIVE PERSONNEL--CURRENT LEGISLATION" BY J.H. SCHEUER. AN APPENDIX LISTS THE INSTITUTE PARTICIPANTS. (JD)

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Institute on the Utilization of Supportive Personnel in School Speech and Hearing Programs

Washington, D. C.
September 6, 7, and 8, 1967

Sponsored by the
AMERICAN SPEECH AND HEARING ASSOCIATION
and the
UNIVERSITY OF MARYLAND

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PREFACE

In common with other professional disciplines, speech pathology and audiology is affected by a shortage of trained personnel. The present demand for qualified personnel to provide services to individuals handicapped by disorders of speech, hearing, and language is, by very conservative estimates, at least three times greater than the number available. With the advent of expanded health services under Medicare, and increased educational services under Head Start programs and Title I of the Elementary and Secondary Education Act, the disparity between supply and demand is expected to become rapidly and significantly greater. Supervisors of speech and hearing programs in the schools have already encountered serious difficulty in obtaining adequate numbers of qualified clinicians. Faced by this shortage of trained personnel, speech pathologists and audiologists are giving increasing attention to the possibilities of using nonprofessionals to provide some services in school programs under professional supervision.

To focus attention on both the problems and the advantages of using nonprofessionals in school speech and hearing programs, the University of Maryland in cooperation with the American Speech and Hearing Association obtained a grant from the Office of Education of the Department of Health, Education, and Welfare to sponsor a three-day institute on manpower utilization in school speech and hearing programs. Richard Hendricks, University of Maryland, and Clifton F. Lawrence, Associate Secretary of the American Speech and Hearing Association, were jointly responsible for the grant. The latter served as Project Director of the Institute.

An ad hoc planning committee was named, with Sister Mary Callista FitzGerald appointed Chairman. The committee met at the National Office of the American Speech and Hearing Association on June 2 and 3, 1967, to plan the Institute. Kenneth O. Johnson, Executive Secretary of the American Speech and Hearing Association, attended the committee meeting on June 2, and Michael Marge, Bureau of Education for the Handicapped (Office of Education), sat in the following day.

The Committee set up the following specific objectives for the Institute:

1. To satisfy the responsibility which the profession has for the development of an informed leadership group in the schools for the utilization of supportive personnel.

2. To acquaint the participants with the utilization of supportive personnel by other professions.

3. To focus attention on both the problems and the advantages of using supportive personnel in school speech and hearing programs.

   (a) To discuss relationships between the supportive personnel and the professional.

(b) To discuss the extent and training of supportive personnel.

4. To discuss the long range effects which use of nonprofessionals might have on the manpower shortage, on the training and responsibilities of speech pathologists and audiologists, and on the financial support for speech and hearing services in the schools.

The Institute took place at the Burlington Hotel, Washington, D. C., on September 6-8, 1967. A copy of the program is included in Appendix A. The program lists speakers, time schedules, groupings, assignments, and other pertinent data.

INTRODUCTION

John P. Moncur, Editor

The general feeling of many of the Institute participants was that the topic is a most timely and vital one. The opening plenary session did much to set the tone of the entire conference. In her opening statement, Sister Mary Callista FitzGerald pointed out that the 77 participants represented many different school programs, both large and small, as well as universities, college clinics, and a variety of agencies, including the Office of Education, the Office of Economic Opportunity, Head Start, Children's Bureau, Vocational Rehabilitation Administration, the new Social and Rehabilitative Service, Bureau of Health Manpower of Public Health Service, Veterans Administration, and the National Institutes of Health. She then stressed that the purposes of the Institute were to: (a) acquire information, (b) discuss issues thoroughly, (c) glean ideas and polish them, and (d) create a "ripple effect" by disseminating the information at home after the conference.

Leo G. Doerfler, President of the American Speech and Hearing Association, welcomed the discussants and cautioned them to concentrate on ideas rather than reporting specific details of their own programs. Walter Waetjen, Vice President in charge of Administrative Affairs at the University of Maryland, in welcoming the members of the Institute, stressed that it devolves upon us to say to ourselves, "What new techniques, what new methods, what new procedures can we possibly devise to handle all of these people who are so in need of our help?"

The keynote speaker[1], James Gallagher, Associate Commissioner of Education in charge of the newly organized Bureau of Education for the Handicapped in the Office of Education, explained the work of the Bureau. He then talked about his concept of the creative partnership which must be formed to establish an effective working relationship between the professional workers in the field of speech and hearing and the people in government services at all levels, local, State, or Federal. In commenting on supportive personnel, he said that the medical profession had made good use of ancillary helpers to free physicians from a multitude of tasks. He also stressed that it is up to us to be part of the creative process that will do much to solve the problem of demand for our services. In closing, Gallagher said, "Our high hopes and great interest follow you in your quest for the next few days and for the many days that follow those. It is part of the creative partnership that I discussed earlier and we'll be looking forward eagerly to the results of your conference."

The majority of participants approached the issue of supportive personnel in speech and hearing in the schools quietly and with evident concern. There was an absence of the alarm or fear present during the opening day of the Houston Seminar on supportive personnel held in March, 1967.

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[1] Copies of all plenary session speeches are included in Appendix A.

The difference in attitude and feelings between school personnel and agency directors at the outset of their deliberations may be traced to several factors: (a) the issue of supportive personnel in speech and hearing was no longer new, (b) supportive personnel are currently serving in the schools in areas other than speech and hearing, (c) the background information sent to participants prior to the Institute proved valuable, and (d) the planning committee, Dr. Lawrence, and the ASHA staff did a remarkable job of planning, bringing in an outstanding group of speakers from government agencies and professional associations.

The discussion sessions opened with members asking such broad but pertinent questions as: Where do we stand now? What is the range of speech and hearing programs in public education today? How can this group make a systematic study of the issues involved in the use of supportive personnel?

It was determined that the seminar participants represented many training institutions, practicing clinicians, Public Health personnel, school districts, speech and hearing coordinators, and speech and hearing consultants in State Departments of Education. Many members of the Institute were interested to know from whence came the pressures for action concerning supportive personnel. Many felt that the major source of pressure was public school personnel in speech and hearing. Other sources of pressure were identified as: (a) government agencies desiring to increase employable manpower and job opportunities, (b) the consumer, that is, parents and schools, wanting to increase the quantity of service and the number of persons served, and to bring services to areas that usually do not receive such services, such as rural areas, and (c) professional associations trying to improve the quality of service by releasing professional persons from detailed routine tasks. These latter pressures were identified by agency personnel attending the Houston Seminar. Discussants stressed that if any one of the foregoing reasons predominated over the others, the shape of the course to come might well be predetermined for professionals in speech and hearing.

Discussion groups explored whether or not supportive personnel can be used effectively in audiology and speech pathology in the schools. The feeling at both the outset and the conclusion of the Institute was that they definitely can.

The groups then reviewed programs which have been utilizing supportive personnel in speech and hearing for some time. Among these was a program recently inaugurated at Ohio University under the sponsorship of a Public Health Service grant which is evaluating the role and tasks of supportive personnel. Early results of the evaluation indicate that supportive personnel can be used effectively in a number of situations.

Some discussion sections reviewed the report of the Houston Seminar, feeling that it indicated current thinking about the use of supportive personnel in hearing and speech centers. It was again stressed that there are many programs today utilizing supportive personnel in general elementary work. Most of these programs have been supported by Federal agencies, such as the Department of Labor and the Office of Education.

Approaches

Two general approaches to the manpower shortage were considered: (a) explore all means of solving the problem within the resources of existing programs, and (b) utilize supportive personnel as the chief means of solving the problem.

Solutions Without Using Supportive Personnel.

1. Utilization of professional personnel already in service, such as teachers, specialists, etc.
   This approach was not considered realistic since these persons are already in short supply.

2. Inclusion of language development procedures and materials into the regular curriculum for teachers.
   It would follow then that teachers would be expected to include units of language development in their regular classroom teaching.

3. Use of videotape, teaching machines, etc., as supplementary to instruction.

4. Utilization of undergraduate students as preprofessional personnel already done in most colleges and universities.

5. Changing the structure of existent school speech therapy programs. Many new concepts for handling speech and hearing have already been put into use in several states, e.g., Michigan and Louisiana. These programs feature school diagnostic and treatment centers.

Solutions Utilizing Supportive Personnel.

The second general approach would consider the extensive use of supportive personnel to enlarge and intensify speech and hearing programs in the schools. Before discussing what aides might do, groups gave consideration to the kinds of persons who might assist professionals in their work. A wide range of possibilities were identified: (a) non-high school graduates and unemployed persons; (b) high school graduates, mature persons with some academic background, qualified disabled persons, and parents; (c) persons coming from specific training programs, i.e., junior colleges, and also those holding the Associate of Arts degree; (d) those holding the Bachelor of Arts degree, with limited backgrounds in speech and hearing; and (e) those holding the Bachelor of Arts degree with a major in speech and hearing.

It was suggested that preliminary steps for developing supportive personnel might include job analyses to discover the duties that could be undertaken by an aide. Job descriptions might vary considerably depending upon whether they were primarily concerned with professional tasks or with

professional programs. If the first approach is used, i.e., describing the professional tasks, the description would have to be specific and universal. A basic training period would be required and the boundaries of work clearly defined. The supportive person developed by this type of program should be easily identifiable to professionals. If the approach is to describe the use of supportive persons in programs, the descriptions would vary with different settings. This type of approach would not identify specific positions and could allow on-the-job training. If the first approach (defining of professional tasks) were used, there would probably be less control of the aides as their number increased. Some thought that aides might unionize if their number were large enough. If the second approach were used, the school or agency would be permitted experimentation before a predetermined structure could be imposed by administrators. Experimentation would also allow time to evaluate the effectiveness of the supportive person and of the procedures in which he were involved.

In summary, the approach to position descriptions for supportive personnel in speech and hearing in the schools will be largely determined by the specific reasons for using them. The discussants once more identified the underlying purposes as: (a) to broaden the services and see more people; (b) to intensify the services, i.e., provide more therapy per person; (c) to relieve the professional of nonprofessional activities and thereby permit greater service; (d) to merely make a place for an extra person to satisfy the demands by the Federal government that more jobs be made available; and (e) to provide service where service is either absent or partially offered, i.e., rural areas, undermanned programs, and so on. Obviously, the nature of the program would vary considerably if any one of the above purposes were the <u>single</u> reason for its existence. Furthermore, the educational background needed would vary considerably with the purpose.

Specific Role and Task Considerations

The group felt that inherent in any training program was the need to develop personnel selection criteria. Such criteria might include a careful screening technique which would indicate the area in which a given person in a supportive position might function best.

Most of the Institute participants were concerned with defining the role and establishing the limits of activity. It was felt that decision-making must be the province of the professional and that the aide must carry out recommendations of the professional. Aides must receive a sufficient amount of orientation and training to allow them to <u>recognize</u> the limits of their independence and to seek assistance when it is needed.

In general there were two kinds of tasks identified, namely, clerical and therapeutic. The clerical tasks which could be handled by a general aide included: handling traffic within the school, telephone duties, handling ditto and stenographic materials, etc. The second category of tasks was on a higher level and included assisting the clinicians in diagnostic and

therapeutic tasks. One group of discussants felt that an attempt should be made to specify the roles of a speech and hearing professional for given settings in order to determine what aspects could be delegated to supportive personnel.

Some debate arose about using aides in professional activities. Several points were established. First, although certain skills can be taught, can judgment based on broader knowledge be taught in an on-the-job training program? Second, the job environment and the supervisory staff would determine the kinds of duties assigned to supportive personnel. A number of discussants felt that specific tasks would determine the role of the supportive person, and that lack of specification of the task would have an adverse effect on the usefulness of the supportive person. Therefore, the concept of systems analysis should be introduced to give information about the specifics of the tasks now performed by professional workers. In other words, as one identifies the specifics of a task, one is able to assign them to the supportive personnel.

There was a difference in opinion as to what specific tasks would be suitable for supportive personnel. It was felt by one group that it would be possible for aides to carry out speech screening through the use of standardized articulation tests and the administration of certain other standardized instruments, such as the Peabody Picture Vocabulary Test, the Wepman Auditory Discrimination Test, etc. It was also felt that the aide could perform an information searching task to accumulate additional data from agencies or individuals who have worked with the patient.

In general, it was felt that there are certain tasks which can be carried out by an aide with varying degrees of supervision. Also, much of the specification of tasks should rest with the professional worker in the system within which an aide is placed.

Training Considerations

Discussants were aware that training programs would undoubtedly follow the decisions made concerning who supportive persons are and the range of tasks they are to perform.

It was recognized that the profession of speech and hearing could take two directions, one embracing only a single level of supportive persons, and the other involving several levels tied into a "ladder" concept.

If supportive personnel were relegated to a single level, they would not be expected to have formal academic training and would probably be assigned only to clerical or limited technical duties. They would receive their training on the job. Colleges and universities would not be involved in training this level of personnel.

If the profession elects to take the second direction, i.e., several

levels eventually leading to full training and certification, a much more complicated problem in education arises. The following outline indicates the levels generally described by the discussants:

Level I: The aide functions on much the same level as was described for the single level concept. No formal training is required. On-the-job training is provided. Little patient contact is involved. Clerical and technical tasks free professionals for greater patient contact, etc. Some of these persons may be eligible to go on for more training.

Level II: Some formal education should be required. Education may have to be away from the service center. A two-year community or junior college may be the logical place for this training. Training may include a "core" program. Training might also include a fourth semester practicum at the service center. Training may be terminal for some persons but not for others, depending upon academic qualifications.

Level III: This level specifies that the supportive person complete a four-year college degree program. No attempt was made to specify curriculum or practicum at this time. The general concept was that this person would assist in diagnosis and therapy under close supervision. This person probably should be eligible to go on to level IV.

Level IV: This level was considered the highest rung on the ladder. After finishing graduate training the person on this level would receive a Master's degree and would be eligible for the Certificate of Clinical Competence.

In discussing the matter of whether or not supportive personnel should be "career" people, it was felt that many variations were possible (although not always desirable) in the "ladder" concept. Many persons on level I, for example, would not be eligible to go on because of the limitations of their abilities, background, or previous lack of training. Many at level II would simply not be able or willing to continue on in a four-year program.

Many discussants felt that having several levels of supportive personnel could cause many problems. These were identified as:. (a) job descriptions and salary differentiations might become confused, (b) lack of recognition of the levels by individuals or agencies might ensue, (c) a hierarchy of levels of persons working side-by-side might create an unhealthy working environment, and (d) the matter of supervision and control by professionals and administration would be more complicated.

The responsibility for training at level I would remain with the employer or the agency hiring the supportive person. It was the unanimous decision of the members that training of this sort should be under the direction and supervision of a speech pathologist or audiologist with the Certificate of Clinical Competence. While this type of training should be an on-the-job apprenticeship, it should not overlook important information about professionalism and ethics in rendering services to individuals.

It was recommended by one group that the State Departments of Education take a close look at the matter of training, funding, and certifying speech aides. It was felt that some Federal programs, such as Head Start, do not have the controls that state-funded programs have. It might even be wise, said one participant, for states to set up guidelines for the use of aides.

Experimentation with on-the-job training will determine the nature and extent of the training needed. Inevitably, with experience the training program would undergo revision, particularly in the first year or two of its existence.

Supervision

The nature and extent of supportive personnel supervision emerged as one of the key issues of the Institute. All discussants felt that supportive personnel should be under the supervision of a professional holding the Certificate of Clinical Competence with the professional directly responsible for the aide. It was further stressed that the aide must have continuing direct contact with his supervisor.

Several questions were raised, such as: How much time should be devoted to supervision? Will this time be deleted from the professional therapy program? Does the released time permit the professional more time for significant professional activities? While there was much speculation on these questions, it was apparent that answers would come only after experimentation took place in the use of aides in a variety of environments and tasks.

There was a strong feeling by some participants that the American Speech and Hearing Association should give an identifiable status in ASHA to supportive persons. It was also felt that some attention should be given to appropriate affiliations with other educational associations for this type of personnel.

Feelings of caution and concern were expressed with regard to professional-supportive person relationships. One group felt that where no speech and hearing services exist, an aide should not be hired. It was also stressed that school superintendents should not employ aides in lieu of professionals. The ratio of professionals to aides was discussed, and it was concluded that possibly one professional for two aides was a maximum figure.

Finally, professionals in speech and hearing should be encouraged to broaden their areas of responsibility to other programs, such as Project Head Start and services in family centers, which would enlarge the territory needing supervision.

Summary and Conclusions

All of the discussion groups felt that regardless of the level of

supportive personnel ultimately chosen, the responsibility for development of guidelines and control should rest with the American Speech and Hearing Association. Probably one of the most important issues facing our Association is whether a single level or several levels for supportive personnel will be established. While many participants were opposed to more than one level of supportive personnel, they were aware of the fact that agencies outside our profession might develop training programs for speech and hearing personnel at community colleges. Consequently, it was felt that the Association should prepare for such an occurrence by establishing an ad hoc committee to develop recommendations regarding personnel use. It was also suggested that this committee might be joined by a representative group from the Council for Speech and Hearing Directors in State Departments of Education. In addition, it was recommended that the American Speech and Hearing Association should provide a place within its sphere of influence for an organization composed of supportive personnel.

A number of general conclusions, representing a consensus of participants, may be outlined as follows:

1. Manpower shortage.

   All professionals in speech and hearing should be deeply concerned about the manpower shortage in our work. We should make an effort as a profession to solve this shortage.

2. Levels of support.

   It was recommended that two levels of supportive personnel should generally be defined: (a) technical aide: to perform tasks which require a minimum of training and little or no patient contact, and (b) clinical aide: to perform tasks which require formal training and patient contacts for diagnosis and therapeutics. Both types of aides would be required to work under a professional with the Certificate of Clinical Competence.

3. The need for a comprehensive job analysis.

   School clinicians should make a comprehensive study of what they do, how they do it, and why they do it. It is possible that much of the work being done by school clinicians can be done by supportive personnel so that the professionals may utilize their professional skills for more creative purposes.

4. Service to urban, rural, economically depressed, and less populous geographical areas.

   Serious thought must be given to service in areas away from those currently covered by our professionals. If supportive personnel are used to cover rural areas, ASHA guidelines and supervisory control must govern their activities. It was recognized that if decentralization of Federal funds takes place, disbursement of these

funds to aides in rural areas may cause problems of authority, control, and quality of service.

5. Impact of supportive persons on the professional status of certified speech and hearing members.

If the structure for the selection, training, and use of supportive personnel is carefully outlined and implemented, the professional status of speech and hearing clinicians should be enhanced instead of threatened.

6. Impact on educational training programs.

Inasmuch as colleges and universities should be responsible for all formal training of aides beyong level I, guidelines for supportive personnel training programs should be approved and monitored by ABESPA.[1] It was also recommended that graduate programs consider training professionals to administer and supervise programs concerned with supportive personnel.

7. Public image.

Since the public, both lay and professional, is still learning about the profession of speech pathology and audiology, the introduction of supportive persons is bound to add confusion to our public image. Therefore, there is a great need for a continuing program of public education about our profession.

8. The need for feedback to state and local associations.

It is imperative that a constant flow of information go back from national conferences, such as the present one, to state associations and local organizations. All members of the Institute felt that only through a uniform approach to this problem can an intelligent solution be effected.

9. The investigation of preventive measures.

Finally, the profession should look to the area of prevention of speech and language disorders as one way to solve the problem of expanding our services. Preschool programs, speech and language improvement programs, etc., were suggested as examples of this approach to the problem. It was suggested that universities should concentrate on research in the prevention of speech disorders. Another means of spreading services would be through summer school speech and hearing programs offered by the schools.

The Institute was ably summarized by Sister Mary Callista FitzGerald, who said:

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[1] American Boards of Examiners in Speech Pathology and Audiology.

The feedback that the Planning Committee has picked up leads them to believe that the objectives of the Institute were met during the three days.

The Committee feels that the members of the leadership groups selected to participate are better informed than they were when the Institute opened.

In his keynote address, James Gallagher pointed out the responsibility of the professional to utilize the ways and means of modern society, namely, Federal money and governmental structures, to help seek new advances, new directions, and new models in order to improve and extend our services.

Sounding the same note, Michael Marge (while doing what the Irish would call "kidding on the square"), alerted us to the crisis facing members of our profession. Dr. Marge urged the group to do something quickly and effectively to solve the problem of the manpower shortage before a solution of our personnel shortage is offered by other sources.

At lunch our information again came from top-level sources. Edwin Martin, made remarks about vital legislation for the handicapped upon which he was consulted. Our guest speaker, Congressman James Scheuer, who has been prime mover in legislation to aid the handicapped, motivated us to read those present voluminous pages of fine print in the Congressional Record and to follow carefully promulgated Public Laws and Amendments.

These speakers sketched the background against which the participants could now place the topic they were to discuss.

The second objective of the Institute was to provide the group with information regarding the training and utilization of supportive personnel by other professional groups.

Stimulating talks, outlining what has been done and what yet remains to be done, were given by Adele Brody (New Careers Movement), Leo Goldman (Guidance and Psychology), Don Davies (Education), Carl McDaniels (Counseling), Florence Linduff (Physical Therapy), and Elizabeth Ulrich (Nursing).

The third and fourth objectives, to focus attention on the problems and potential of using supportive personnel in school speech and hearing programs, were met through both the contribution of John V. Irwin's unpublished paper, which participants received before coming to the Institute, and by the inquiring, fruitful group discussions held by the participants.

You have heard the report of your deliberations and those of others. Ultimately, these will be combined into a single volume,

which will then be available not only to participants and agencies, but to the Executive Council of the American Speech and Hearing Association.

Above all, optimism must be our watchword. This "thing" we have been wrestling with for three days is an evolving entity. It will grow and develop with time and experimentation, which is good, because guidelines so developed are much more likely to succeed than those hastily contrived.

With this much accomplished we are now strongly advised to go home and start the "ripple effect" that I talked about in my opening remarks. The charge will be difficult to carry out in many instances, because guidelines are still undefined, many questions are yet unanswered, and administrative obstacles remain a reality. In the months to come, we must have patience, a willingness to discuss, to interpret, to meet, to serve on committees, and to act, which will do much to further the intelligent pursuit of our stated objectives.

APPENDIX A

SPEECHES

WELCOME AND INTRODUCTORY REMARKS

Sister Mary Callista FitzGerald
Mount Mercy College

As chairman, it is my pleasant duty to welcome you in the name of the Planning Committee who met many months ago and thoughtfully planned this three-day Institute. It is our hope that you will enjoy the stimulating speakers and articulate, challenging participants we selected to discuss with you the utilization of supportive personnel in school speech and hearing programs.

Among this group of 77 people who will be in attendance throughout the Institute we will have not only representatives from all sizes of state, county, and city school speech and hearing programs but also personnel from clinics and university or college training programs. In addition, representatives from a number of agencies will be here. Among those represented will be: the Office of Education, the Office of Economic Opportunity and Head Start, the Children's Bureau and the new Social and Rehabilitative Service, the Bureau of Health Manpower of the Public Health Service, the Veterans Administration, and the National Institutes of Health.

With such excellent representation from work environments and agencies where the utilization of supportive personnel is a reality or a possibility it should not be too difficult to meet the objectives of the Institute which were designed to help give direction and purpose to our deliberations.

The primary objective of the Institute is neither to arrive at pat resolutions nor to establish well-defined guidelines. Rather, the primary objective is to acquire information and then to discuss issues.

The Planning Committee hopes that when an issue presents itself, you will discuss it freely and openly because we view this Institute as an evolving situation which will have, we hope, what Sargent Shriver calls a "ripple effect." In other words, what we do these three days is just a beginning. The ideas that we glean will be taken home, will "ripple out," and will affect the professional lives of others.

Succinctly, we are 77 persons gathered here to study in depth the advantages and disadvantages inherent in the utilization of supportive personnel in school speech and hearing programs. Hopefully, the knowledge we acquire will result eventually in fructiferous action.

This Institute is sponsored jointly by the American Speech and Hearing Association and the University of Maryland. Doctor Leo G. Doerfler, who is the President of the American Speech and Hearing Association, graciously consented to come and extend to you the greetings of the Association.

Leo G. Doerfler
University of Pittsburgh

When Sister Callista, my boss, asked me to talk, her final instructions were, "Whatever you do, don't do it more than two sentences." So, I may have a number of connectives between all these sentences. As she indicated, each of you represents a different kind of public school or school program -- small, large, different methods of support, different kinds of programs -- and as such you really are representing large numbers of programs that may have similarities to yours. Besides welcoming you in the name of the Association, I would like briefly to make one plea and that is, make every effort to stay away from parochialism in terms of "This is how we do it . . . or how we did it . . . in our own program." If there was any event that occurred, an idea that you had, a program you developed, try to extract the principles involved and see if they can be applied in other comparable programs. There is this danger, if you tend to project your own life into every one of these meetings you then, I think, may dissipate a lot of energy waiting for your turn to tell about your program. So, try to generalize from these programs if there are applicable principles.

I certainly wish you all the luck in the world with this rather difficult activity.

Sister Mary Callista

Thank you, Doctor Doerfler.

The proposal for the funding of this Institute was submitted to the Office of Education by the University of Maryland. This morning we have with us Dr. Walter Waetjen, who is Vice President in charge of Administrative Affairs at the University. Like most Administrative Vice Presidents, Dr. Waetjen is kept busy preparing, balancing, and justifying budgets. After greeting you this morning, he will return to his desk and put the finishing touches on a 114 million dollar budget which is to be presented to the University's Board of Regents. I am happy to present to you, Dr. Walter Waetjen!

Walter Waetjen
University of Maryland

I'd like to say just quickly that when Dr. Hendricks invited me to bring greetings from the University of Maryland to this Institute he did not really know that I have more than a passing interest in speech and hearing problems which I should like to describe just briefly in a moment. First, I would like to say very clearly, very explicitly and sincerely, that the University of Maryland is happy to cooperate with the American Speech and Hearing Association in this significant enterprise. We are always happy to be involved in and participate in activities that we feel will bring good to different professions. And, I suspect that this is one. I mentioned a moment ago that I had more than a passing interest in speech and hearing. That interest stems from a national research project which I directed and

began in 1963. Some of the problems that we addressed ourselves to, I suspect, are ones that you will be interested in these three days. I hope some of the findings we uncovered will be discussed at least in some way or another. This research project goes by the fancy name of the Interprofessional Research Commission on Pupil Personnel Services, which we shortened and called IRCOPPS, which sounds bilious. I would like to express my appreciation at this time to the American Speech and Hearing Association as one of the 15 national professional organizations which were part of the policy group in back of that research. I might add that one of the findings that came out of a national survey in which we were trying to find out how the various disciplines involved in pupil personnel services operated in our schools. One of the things we found was that by far the majority of pupils who are in speech clinics for functional disorders are boys. This has been an abiding interest of mine, this matter of sex differences in learning and also in adjustment. I suppose that in the school-related profession, we have not consciously faced up to the fact that we do not differentiate sufficiently our programs for boys and for girls. This is something that perhaps some of you will discuss in the next few days. At least, I should hope so. Another of our findings which I think relates to this conference in some way or another, is that when we examined the pattern of referral by teachers or by principals to the full spectrum of pupil personnel workers, including school social workers, school psychologists, councilors, nurses, school physicians, audiologists, and speech clinicians, we found there was a dramatic drop in referrals, almost to the point of nonexistence, after grade 5. To say it differently, between grades 1 and 5, the teachers and principals referred pupils to all of the pupil personnel specialists but after grade 5 you could almost forget about this, except for referrals to councilors for help with academic programs. Rarely after grade 5 did we find referrals to speech clinicians or to audiologists. I suppose one possible interpretation is that all of the speech and hearing problems had been taken care of by grade 5. And I can tell by the expressions on your faces that that's not quite accurate. Finally, and I suspect this is the central focus of your interest during the next few days, in all the health and mental health related professions we found, as I know your literature has indicated, that there is an increase in the number of problems that are identified and are in need of remediation. All of these problems exceed the production of professionally trained personnel who are available to handle them. And, consequently, I think it then devolves upon us to say to ourselves, "What new techniques, what new methods, what new procedures can we possibly devise to handle all of these people who are so in need of our help?" Because, apparently, the old procedures are not going to do much more than just scratch the surface. It's very clear, I think, that it is not my role nor is it my intention to give a speech; but I did want to indicate the strong interest of the University of Maryland and myself, personally, in the deliberations and also the recommendations that will come from this Institute. May I wish you all well in the activities of the next three days. I do wish that I could be here. I sincerely wish I could be, just to participate.

Sister Mary Callista

We appreciate your keen interest in this Institute, Dr. Waetjen. Thank you for coming to greet us.

The keynote speaker for this morning is Dr. James J. Gallagher whose youthful appearance and unassuming manner belies his able handling of professional responsibilities.

Dr. Gallagher, a native Pittsburgher, received his baccalaureate education at the University of Pittsburgh. His master's and doctoral degrees were earned at Pennsylvania State University.

In 1954, Dr. Gallagher joined the staff of the Institute for Research on Exceptional Children at the University of Illinois. During the last four years he has been Associate Director of the Institute and for the last eight years he has been a full professor at the University of Illinois.

In 1966, when Duke University initiated a special project for the purpose of developing educational programs for the culturally disadvantaged, Dr. Gallagher was invited to participate as a visiting professor on leave from the University of Illinois.

This past July, Dr. Gallagher was appointed Associate Commissioner of Education and assumed charge of the newly created Bureau of Education for the Handicapped. This Bureau, which is the main unit in the Office of Education is responsible for the stimulation of training, services, and research for all kinds of handicapped children. At the time that Dr. Gallagher assumed this new post he was President of the Council for Exceptional Children.

Dr. Gallagher's many articles dealing with the education of exceptional children have been published in representative journals such as Child Development Monographs, Council for Exceptional Children Monographs, and Journal of Clinical Psychology.

Among the 1960 publications of the C. C. Thomas Co. was a book by Dr. Gallagher entitled The Tutoring of Brain-Injured Mentally Retarded Children.

Our keynote speaker, Dr. James J. Gallagher, is a real chief! One who has accepted and given leadership in everything he has ever done! I am honored to present Dr. Gallagher to you.

THE DEVELOPMENT OF PROFESSIONAL TEAMS IN EDUCATION AND SERVICES FOR THE HANDICAPPED

James Gallagher
Bureau of Education for the Handicapped

Because it has direct relevance to the subject you discuss here today, I would like first to talk about the newly organized Bureau of Education for the Handicapped. Second I would like to discuss the concept of creative partnership that must be formed for effective work between the professional workers in the field and those in the government services at all levels: Federal, state, or local. Third, I wish to offer some comments on the general concept of supportive personnel.

One of the things that was not in the press release Sister Callista was so generous in reading, was that I also have a small background in the area of speech and hearing. (This, however, is not highly publicized by the organization that trained me.) As a student at Penn State University, I earned a minor in speech correction under the capable direction of Gene McDonald and Asa Berlin and others of the staff. I console myself with the fact that during my clinical practicum work in speech, I didn't do anybody too much harm. We sent some students who stuttered down to find out what time the prices changed at the local theater and about the only thing we can say about that, was that somewhere there is a lady who used to be a ticket taker in the movies who thinks there is some relationship between speech handicaps and frugality. One of the disadvantages of getting some training in a field and then leaving it, is that except for the bloodless stimulation of books and reviews of educational research, you tend to get fixated at the point at which your training or direct experience stopped.

I would like to try to recall what the major issues were in the field of speech correction, speech pathology, and audiology at the time. The major clinical concern was young children with articulation problems. Most of the efforts in the clinical setting were in attempting to modify the substitutions or omissions of youngsters who were in the first and second grade age-groups or younger. Stuttering was a mystery. No one knew very much about its causes and nobody knew enough about effective treatment. It goes without saying that anybody who came in contact with this very difficult disorder went away puzzled and fascinated. There was a considerable struggle concerning the relative merits of surgery or appliances in children who had cleft palate. Cerebral palsy children presented a problem of speech modification that was not easily resolved by anyone.

Among the areas of major concern today which were not being dealt with in speech correction at that time is the area of the mentally retarded of whom a large percentage possess substantial and significant speech handicaps.

The Bureau of Education for the Handicapped was authorized as part of a Title V amendment to the Elementary and Secondary Education Act. The Section which established the Bureau is short. It reads as follows:

> "The Commissioner shall establish and maintain within the Office of Education, a Bureau for the education and training of the handicapped which shall be the principal agency in the Office of Education for administering and carrying out programs and projects related to the education and training of the handicapped, including programs and projects for the training of teachers of the handicapped and for research in such education and training."

This is a broad mandate and with the help of groups such as yours we are now in the process of seeking out our major purposes and thrusts for the immediate future.

An additional duty of the National Advisory Committee on Handicapped Children is to advise the Commissioner and the Congress on all matters pertaining to education of the handicapped. One of the 12 members is present here, Jack Irwin. I would like to name the other members of the committee that will be dealing with issues and problems of concern to you: Sam Kirk from the University of Illinois; John Melcher from Wisconsin; Mamie Jo Jones, Head of the State Program in Georgia; Chuck Strothers from the University of Washington; Walter Kelly, Director of Special Education for the Archdiocese of New York; Frank Wilderson from the University of Minnesota; and Hugo Schunhoff from California. There are four members not directly associated with the professions concerned with handicapped youngsters but who nevertheless have a vital interest in what happens to the handicapped; they are: State Senator Sandor Levin from Michigan; Mrs. Bernhard from New York; Vidal Trevino from Texas; and Oscar V. Rose, a superintendent from Oklahoma. This Committee has already met once and has taken three major responsibilities: the problem of the handicapped youngster in the inner city; the problem of the handicapped youngster in the rural area; and the problem of children with learning disabilities.

In the U.S. Office of Education there are five bureaus that are responsible for the implementation of the various programs: the Bureau of Elementary and Secondary Education, Bureau of Vocational Library Programs, Bureau of Higher Education, Bureau of Research, and Bureau for the Education of the Handicapped. What this means, I think, is that although we are not saying things with any greater wisdom or with any greater perception in the area of the handicapped, we are saying them to people at higher policy levels and this has much potential gain for people in all fields dealing with the handicapped.

Within the Bureau of Education for Handicapped, we have three major program areas: research, services, and training. Speech and hearing are represented in the administration hierarchy by Deputy Commissioner, Ed Martin, and the Program Planning and Evaluation Director, Mike Marge, both of whom I see here in the room.

The three areas took already existing programs in the office and drew them together under this Bureau. One of these had to do with the training program the Commission established as PL 85-926 (as amended).

Under this program, grants are available for the training of professional personnel in the education of the handicapped. Handicapped, as here described, are the mentally retarded, the deaf, those with impaired speech and hearing, the visually handicapped, the emotionally disturbed, the crippled, and persons with other health impairments. I might mention that under "other health impairments" is the general area of learning disabilities.

In 1968, we have $24.5 million to be distributed to institutions of higher education and state education agencies who are eligible for these grants. In terms of the area of speech and hearing, we can give you an idea of the change from 1964 to 1967.

In 1964, a total of 646 traineeships and fellowships was awarded in the field of speech and hearing; in 1967 the number of traineeships and fellowships awarded was 1688 -- a gain of more than 2.5 times the 1964 level. There were 74 institutions awarded grants in 1964 in the area of speech and hearing, and in 1967 there were 131. The total amount of funds awarded went from 1.35 million to 3.05 million during that same period of time.

In the area of research, we have authorization, under PL 88-164 and its amendments, to provide grants to promote research and demonstrations in the education of the handicapped. We are supporting research and development centers. One is currently funded for the entire area of the handicapped at Teachers College, Columbia. We support research and demonstration projects. We are supporting developmental work in educational media. At the present time a network of 14 Instructional Materials Centers is collecting material dealing with the education of handicapped children. The Centers will provide the basis for a communication network to make materials available to teachers and practitioners dealing with all kinds of handicapped children. The range of research projects we are supporting in the field of speech and hearing tells a story, itself. If you allow me, I'll read some of these titles. A Study of Protusional Lisps to Identify Children Requiring Speech Therapy; Speech and Language Therapy Under an Automated Stimulus Control System; A National Prevalence Survey of Speech and Hearing Disorders in School Children; A Demonstration Project for Speech Training for the Pre-School Cleft Palate Child; The Indirect Assessment of Hearing Sensitivity by Changes in Respiration; The Effect of Listening Instructions and Severity of Cleft Palate Speech on Listeners; A Study of the Behavioral Components of Stuttered Speech; Using the Initial Teaching Alphabet to Improve Articulation; and the Effect of Stutterers' Self Monitoring on Retention of Fluency Generated by Delayed Auditory Feedback.

So, you can see the range of research. But these projects are limited in the respect that they attempt to deal with the knowledge of characteristics which would lead to more effective remediation and training of these youngsters. The more basic research is left to other agencies to support. What we are supporting is the interaction of the handicapped youngster and his environment and how we can effectively modify that to provide better service.

The third major area in the Bureau is the Division of Educational Services and under this division we have several authorities. One familiar to those dealing with the deaf is the Captioned Films for the Deaf program which current legislation will expand for those with other handicaps.

And finally, the Title VI Program with grants to state educational agencies. This also deals directly with your own field. It provides support for initiation, expansion, and improvement of programs. Each state Department of Education provides a plan which is approved in the U.S. Office of Education and then will distribute, on the basis of that plan, these monies through various local agencies.

As we look at the total funding and support of all of the areas of the handicapped, we find that the area of speech and hearing is constantly in second place on all indices one would like to choose. They are second in terms of the number of traineeships which are given, they are second in terms of the number of colleges and universities that are involved, they are second in the amount of money expended by state education agencies for the handicapped. I presume that because you're second, that you try harder. In first place, of course, is mental retardation.

One of the issues we in the Bureau have discussed at great length, since many of our people are relatively new to Federal service, is the relationship between the professionals in the field and the Office of Education. It is the feeling of the leadership group in the Bureau of Education for the Handicapped, that for the orderly development of educational knowledge and practice it is important that the goals of the major leaders in the professional fields be viewed as similar to the policy goals and objectives of the Bureau and of the total Office of Education. That's what is meant in the long run by <u>creative partnership</u>. Such a partnership is not easy to establish nor is it easy to maintain. Like an unstable chemical compound, it will disappear unless we subject it to some very special environmental conditions.

One of the things I recall from my speech training, was a cycle that the stutterer was supposed to go through in his perception of his own problems. This cycle starts out with idealism in terms of the need for an ideal speech pattern; then, frustration because he does not reach that ideal; and then despair because of the gap between what he wants to do and what he perceives his own performance to be. A cycle of idealism, frustration, and despair is one thing we wish to avoid in the programs we are supporting. I think it is possible to avoid such a cycle if we take creative steps with knowledge of the nature of the problem and the effective means to combat it. The most critical need is direct continuous communication between professional leaders and office personnel; there is no known substitute for this communication. Unless a communication link is forged then any initial agreement as to goals and methods will drift apart, much as a distant radio station fades and becomes garbled unless it is continuously monitored and tuned.

Unfortunately, the written word is no substitute. Those of you who have read guidelines and instructions by the U.S. Office of Education or

state departments of education, realize how inadequate the written word is in this kind of communication. What we really need is personal interchange because agreements on policy and objectives require the direct interaction of personalities and ideas. It is possible only through face-to-face contact. Through three efforts, we are going to attempt to establish and maintain that kind of relationship and communication between the professionals in the field and the office personnel.

The first of these is to hold a series of regional conferences dealing with objectives and policies concerning the handicapped. This objective has received the enthusiastic endorsement of the National Advisory Committee. In these meetings we would like to sit down with you and discuss the major problems of handicapped persons and hear your ideas in terms of directions and major focuses that should be taken. We would like to share with you our own problems and together work out a kind of projection for the future in working with handicapped children.

Second, we would like to use in our own programs, to the limit of our own resources, the professional consultation of people in various fields. The many programs we have carried over from the various legal authorities, have had this kind of professional consultative relationship in the past, and we expect this to continue.

Third, we hope to use the leadership personnel in the Bureau itself, as ambassadors to go out and work with the people in the field on their problems, in consultation, in advice, in planning, so that there is the maximum communication between the two parties. If we are successful in this, then we can endure the smaller frustrations that we will all feel with one another. There seems to be a healthy strain of paranoia that goes through all the professional fields and this is stimulated by lack of communication. When you don't get communication on a subject, there is a great need to fill that gap with some speculation. The speculation that fills the vacuum is always a little more lurid than the reality. We would like to combat that by keeping communication channels open.

I would like to spend a brief amount of time on the topic that is of direct concern to you in this meeting: supportive personnel. There is a certain advantage to being in a desperate situation. It tends to cure you of illusions that small efforts or moderate reforms can provide the answer to your problems. If we were, today, to ask how long it would take to cross the United States on horseback, I think the only rational answer would be, too long. We need not spend time worrying about the quality of the horses, the placement of rest stops, or the type of saddle, or the brand of liniment we would use. Instead we might better concern ourselves with the development of transportation alternatives. The problem of providing effective services for handicapped children is so great that one is forced to take the most conservative figures in order to project a reasonable attack on the problem. For example, the President's Committee on Mental Retardation just published a report to the President in which one of the comments was that one-half of the nation's school districts currently offer no classes for pupils having special learning problems or needs.

The figures we are using, which are probably quite conservative, estimate that there are five million handicapped children in the United States today of school age, less than one-half of whom are receiving any kind of special education service. We are not even discussing now the quality of the service in those districts where service is available. President Johnson, in his health and education message to Congress in February 1967, said that there are now only 70,000 specially trained teachers of the handicapped and in the next decade five times that number need to be trained and put to work. Whenever we need more persons than are currently employed -- we say that we employ 70,000 teachers and need 200,000 more -- we begin to realize we are in a very difficult situation.

We must think in terms of new models of service, and new models of training. While we should maintain the best wisdom of the past, we must face up to the statistical predictions and projections that we ourselves use so often to explain the extent of our task to others outside our field.

In a recent article by Bill Castle of the American Speech and Hearing Association in which he again uses the most conservative figures, he projects a need for 40,000 speech and hearing specialists in 1970. The most enthusiastic prediction of the number of practitioners in the field would be 16,000. Although we are supporting the field of speech and hearing well, our total support here is only 1,688 people, of whom 27 are post-Master's students, 150 Master's students, and 844 of the total number are involved in special study institute traineeships.

We can see the extent of the problem. As one goes into each area -- mental retardation, deafness, or emotional disturbances -- there is greater need for new models.

But in all of these areas we are faced with such tremendous shortages that one has to say, "Do we really have to go by horseback or do we have other ways of dealing with the problem that would come within the bounds of reasonable attainment in the next decade." I have no great words of wisdom for you on this problem. I do have a few observations and a few questions I would like to leave with you. One of the observations is that the medical profession, I believe, has been uncommonly successful in utilizing what they call encillary personnel for a variety of tasks, freeing the physician for those tasks which his specialized training particularly prepared him to do. I remember talking with a psychiatrist who said that 90% of what he did during the day could be done by any reasonably intelligent human being. It was that other 10% when his professional skills were really needed that made him the professional he was. This is true of practically all professions. I think the medical profession has been wise in its view of this particular aspect of the problem.

In contrast to this, I would cite my own basic discipline, psychology. I met with the school psychologists at the American Psychological Association meeting just a few days ago. Many of them have been insisting on the Ph.D. as the minimum requirement for effective school psychology work. This has kept many Ph.D.s busy doing routine psychological testing because there is

no one else to do it and it has to be done. There are no lower echelon persons available to carry out the routine tasks. As a result, there is much frustration among school psychologists, who feel their lengthy training and extensive background and preparation is wasted in routine duties.

One of the things in order for all professions, is a kind of job analysis. Just what do you do with your day? How do you spend it? What are you doing at 9 o'clock in the morning? What are you doing at 10? What are you doing at 11? What are you doing at 2:30? Carry this through the week, through the month. What are the major tasks you are involved in? Once you have that kind of job analysis, then you can look and see how many of these tasks really have to be done by an extraordinarily well trained specialist in the field, and how many of these might be done by someone else, perhaps an intelligent adult.

I recently had a couple of graduate students doing some work on the role of intelligent and gifted women in our society. One of the things which becomes clear in any study of this kind is that these women are ready and eager to provide their intellectual resources to society if we have the intelligence to utilize them. Can we drop the concept of a 40-hour week and think in terms of how we can use this great intellectual pool which has been very poorly utilized in the past?

What could the professional accomplish if he were freed from some portion of his present duties? We all maintain a certain amount of fiction about our own jobs, and say, "If only somebody would take this off my back, what I couldn't do!" Almost certainly some of that is illusion. We are not going to do those exciting things even if somebody does take the responsibilities off our backs. There is the possibility that we could increase the professionalism of the role that we carry in our daily jobs, if other people took on some of the tasks that we now carry.

How would the role of the teacher change? I am not talking now about teachers of speech and hearing necessarily, but about, say, teachers of the mentally retarded. One of the things that bothers teachers, I think, is "What do I do with a teacher-aide if I get one in the room?" "What kind of responsibilities do I have to watch out for this person?" In many cases the initial reaction is that it seems like it's going to be more work and effort than it's worth. If we did a careful analysis of our own role, and what the role of supportive personnel might be, we could more easily see how they can be utilized without undue strain on the professional. We must talk about what new supervisory responsibilities would be given to the specialist and how he would be prepared for these duties. Perhaps one of the surest ways to make attractive programs go down the drain is not to provide the effective training which prepares people to do the job that we are asking. Just because we are thinking about supportive personnel does not mean that we are freed from the responsibility of saying, "What kind of training will effectively prepare these people for the task we want them to do?"

We make no secret of the fact that the interest of the Bureau in

supportive personnel goes far beyond the field of speech and hearing. We wish to pursue whatever good ideas come forth from this conference in other settings with other professionals in other fields of the handicapped. We have had some special interest recently in the area of the multiply-handicapped, and are particularly concerned with the role of supportive personnel in dealing with multiply-handicapped children.

The world changes and so must we. It is difficult to picture ourselves in the middle of an unfinished process. We always like to consider ourselves the finished product, the ultimate to which the profession aspires. But we really know that that's not so, for we can remember that the professionals in the 1940s believed that as well.

Although from a professional standpoint this is a painful generation to live in, since we realize we are part of an unfinished process, we can, however, console ourselves with the notion that I gleaned out of a science fiction story I read some years ago, when I still had the luxury of reading science fiction stories. This was about a man, who was, in a time tunnel. In this tunnel he was faced with a choice between two societies. He could go into a society which has had a thousand years of unbroken serenity and calm, peace, and prosperity, or he could become a part of a society that through struggle, strife, and toil, worked to bring that millenium about. I hope that your choice would be the second one because that is our situation now. I think, though, we do have the consolation that it is our responsibility to be a part of that process which creates for the future. We may in a sense be putting ourselves out of business, but in another sense we are making ourselves larger in the total scheme of history.

Our high hopes and our great interest follow you in your quest for the next few days and for the many days that follow those. It is part of the creative partnership that I discussed earlier and we'll be looking forward eagerly to the results of your conference. Thank you very much.

NEW CAREERS IN NEW FIELDS

Adele Brody
New York University

Those of you who have met Dr. Riessman would know that, were he here, he would tell you what we are doing at the New Careers Training Laboratory, what is generally happening in the development of jobs and training for the new nonprofessional manpower; and then he would hope to get from you your own points of view, your thinking, and your ideas to bring back to our Laboratory to exchange with our staff. This is the agenda I'd like to cover with you this morning.

First, I'd like to add a statistic to those Dr. Gallagher mentioned earlier concerning the shortage of professional manpower in your field. By 1970, Dr. Gallagher told us, there will be a shortage of 24,000 speech and hearing clinicians in this country. We now learn from the Convention of American Congress on Rehabilitation Medicine that they expect 2,500 positions to be unfilled in the medical rehabilitation field by 1970. There are many additional reports from the health, education, and social service fields, all of which point to the well-publicized shortage of skilled professional manpower which now exists -- and the prognosis for the future is that not enough new people are going to be quickly enough available to fill the growing needs in this country for increased professional services.

Certainly, then, we all need to take a new look at how we can best use available manpower -- plus untapped reservoirs of manpower -- to handle our delivery of agency services. The New Careers Plan addresses itself directly to this problem. As a multiple-strategy program, New Careers proposes the hiring and training of a "new manpower" (by the way, this is the name of Dr. Riessman's forthcoming book) for nonprofessional assignments in human service agencies. Their work will be auxiliary to that of the professional staff, relieving highly trained personnel of tasks which require no extensive professional training for satisfactory accomplishment. Functionally, such a redistribution of an agency's work load would make possible the creation of a new team of human service workers -- a combined professional and nonprofessional work force which, we believe, would maximize the delivery of the total agency service.

Your question, now, would obviously be "Where do we find this new manpower?" And then the next question would be, "How do we quickly train this manpower?" Here we develop another facet of the New Careers multiple strategies. We are suggesting that the new manpower be recruited from the underemployed and the unemployed -- in other words, from that segment of the community which has traditionally been on the receiving end of community services. This population has been nationally identified as a "poverty population" numbering some thirty million people. The majority of these people are underemployed -- that is, people who are underproducing in terms of their real work potential. And what New Careers is about is an economic and social rehabilitation of this population -- a program which starts with jobs in the human service fields, helping the poor to move into these jobs, and

then providing the training and education which makes real the opportunities for upward mobility. You realize, of course, that the training and education benefits which are offered to this new manpower inure to the employing agency. Immediately there is available a task force of new employees with beginning skills who can relieve overburdened professionals of routine responsibilities that really require no professional expertise. As the new employee develops additional job and education skills, he can move into more skilled phases of the agency's work. New Careers postulates that this "osmosis" of underutilized manpower into meaningful work opportunities is a long overdue development of our nation's human resources. And we are glad to think that we're now concerned as much with the development of human resources as we are with our Gross National Product. From your own vantage point as rehabilitation specialists, I expect you would agree that it is entirely appropriate to develop programs which make it possible for people to move from economic dependency to useful, meaningful employment with built-in education components. Essentially, the New Careers opportunities are self-help opportunities that offer real jobs, real opportunities for advancement, and choices for personal development.

If all the human service occupations in the health, education, social services, welfare, and similar fields are opened up to the new nonprofessional manpower, we believe the agency needs could be satisfied and the national unemployment figures would decline steeply.

Now, let's look at how the New Careers programs are implemented and how they actually work.

Our proposed model is that people be hired as -- for example -- teachers' aides, social work aides, police cadets, nurses' aides, and the like. They must be taught, prior to actually starting on the job, three or four important skills which they would perform on the job on the very first day they start work. From that time on, one-fifth of their work week would be structured so that they are released for further training and education. One immediate education goal could be the high school equivalency diploma. More advanced goals would be accredited college courses -- on the job site if possible -- leading to certification, to associate degrees, or beyond these to baccalaureate degrees. The nonprofessional, this way, has options which he can exercise to move up a career ladder to professional status.

A very interesting program with which you may be familiar is the one Dr. Riessman was involved with at Lincoln Hospital in the Bronx in New York City. This program was a pilot, funded by the federal government, for training mental health aides for the local community. The people trained were recruited from the indigenous poor, carefully screened, and then trained to work either in the hospital or at any one of three neighborhood centers. Not only were the mental health aides able to perform the expected tasks of outreach, intake, referral -- all under the supervision of Lincoln's professional staff -- but they also added to the total service an ingredient hitherto lacking. Because they were residents of the community, because they came from the population traditionally on the receiving end of the hospital's service, because they knew poverty as a direct experience, because their ethnic backgrounds were those of the neighborhood, the mental health aides

could reach people hitherto unreachable. They could also expedite services, since they could establish quicker and more in-depth contacts with patients needing help. Now don't for one minute think that every poor indigenous person who worked at Lincoln Hospital went on to become a psychiatrist. This was neither the fact nor the intent.

They did become part of a service team -- psychiatrist, social worker, mental health aide is one example -- that improved the delivery, the accessibility of the service, by enabling the professionals to concentrate in their fields of special expertise and training. This is the kind of working partnership which Dr. Gallagher mentioned earlier in his talk and which existed functionally because the federal government joined with a private teaching institution and a local hospital to create the Lincoln Hospital program.

A recent example of government partnership with the private sector is a new industrial plant in the Watts section of Los Angeles. The plant manufactures tents for our armed forces. It was helped into existence by the federal government which guaranteed contracts at standard prices for the product. Frankly, this program was begun as a job development project after the Watts riots. People were hired on a first-come first-served basis. What was discovered was that the Aero-Jet Company had 5,000 applicants for approximately 480 jobs the first day they advertised for employees. This, of course, is a further demonstration that poor people are not indifferent to job opportunities that are truly accessible to them. Aero-Jet quickly learned that the available manpower was unskilled, that literacy was marginal, that applicants' backgrounds often included police records. Aero-Jet "threw the book away." They hired people who, in traditional employment practice, could not have gotten through the front door. The plan has been operating with this new labor force -- and at a profit. A further development is that because the entry-level jobs are really the only jobs at the plant, employees will move into more skilled employment at other factories. Aero-Jet accepts this inevitable turnover as basic to their function. I think this dimension -- industry and government in a partnership that creates jobs and on-the-job training -- and a profit to boot -- is a multi-strategy operation we can cite when we talk about our much-vaunted national "know-how."

I'd like to take the remaining minutes of your time to dwell more fully on the New Careers concept of education as it is built into the job-training aspect of the total plan. An incentive for people to accept what we can frankly state to be low-paying jobs at the bottom rungs of an agency's job ladder is the existence -- in fact -- of opportunities for advancement. The real attraction of an employment program built around the New Careers concept is that motivation is built in. Each new nonprofessional employee can use his own abilities and his own initiative to carry himself as far as his own choices will take him. Obviously, the advanced skills training and the education curriculum must exist -- and the employing agency must accept the responsibility for planning these components, relating them to a job-connected career ladder, and arranging for the employee's released time to use these programs.

Let me give you an example of this kind of planning. In New Jersey, a

group of people were being trained to be Head Start Aides in Newark. These were mostly women, many of them from the welfare roles, needing a great deal of skills training. These women were given released time by the Head Start agency to learn additional skills -- which included early childhood education courses at Fairleigh Dickinson University. These programs were brought to the job site so that people were able to learn at the place where they worked. Hopefully, enough people stayed with the program so that they may now be going on toward further accreditation. The point is, the educational options existed and were theirs to exercise. The employing agency benefited as these new nonprofessionals advanced academically. The entire community benefited both through a quality Head Start service and the upward mobility of the aides.

Now what is the specific function of the New Careers Training Laboratory at New York University?

Our program is funded by the Office of Economic Opportunity, and our purpose is to run a school. We are part of New York University, and we train trainers. With all the statistics you heard from me and from other speakers today about the tremendous shortages of people to fill existing jobs, you must calculate that this country is going to need crash-numbers of people to train these people who are coming in to take the new nonprofessional jobs. And so our staff, which is relatively small (about 20 people) -- and we're half professional and half nonprofessional (we practice what we preach) -- is training people to do the training of other people. We train trainers. What we're doing right now is, for example, working with the New York City Board of Education. This past summer we assisted them to initiate and launch a pilot program. It had very limited funding and the people who were responsible for it came to our shop and said, "Here we are; we have this much money and we have a job to do. We need to field a summer-school program in the ghetto communities, and in it we want to place teachers' aides. We need to train teachers and teachers' aides immediately. We have to get started in one week."

Our staff helped them field a program that worked like this: There were 100 teachers who were trained by our staff. Four of our trainers did this, so that the ratio was four trainers to 100 people being trained. These 100 teachers, in turn, went back after the end of our training and trained 1,400 other teachers, so that the total component of trained teachers was 1,500. Then, each of them was "buddied up" with a teaching aide, a freshly graduated high school student selected and referred by the anti-poverty programs. This Board of Education summer program ran six weeks and, on the basis of what it was able to do in conducting elementary school programs throughout New York City, further funding was, as I understand, on its way for permanently institutionalizing an auxiliary teachers' aides program in New York City. Having first supplied the technical assistance to design and staff the program, our New Careers Training Laboratory continued with the training of the program's trainers. We will continue as consultants to the Board of Education on an "as needed" basis.

I don't know if any of you here from New York had any involvement with this pilot program, but it was apparently a marvelous success. One of the

things that was quite wonderful was that we were able to prove what Frank Riessman has been saying: that it is possible to develop training programs which use small numbers of people to train large numbers of people, fairly quickly, to do meaningful and useful jobs.

We're involved with two other anti-poverty programs at this moment. The Scheuer-Nelson amendment to the Economic Opportunity Act, which I'm sure you all know about, is legislation designed to spend about 70 million dollars throughout the country. The money is available to cities and components of municipalities specifically to put poor people into the human service occupations in the municipalities. In New York City they are now launched on a Public Service Careers Program administering a jobs-first plus training program and beginning, I believe, to hire about 1,200 indigenous poor people. In this program, the mandate is that the jobs must be given to people on the welfare roles. These are people who are going to be moved off welfare if they wish and put into jobs which have built-in opportunities for job and educational advancement. They will be working in the welfare department, the hospital department, and in education, as social worker aides, teacher aides, and hospital aides. We are training Public Service Careers Program's central training staff and its field workers which consist of both professionals and nonprofessionals. They are a marvelous, very exciting, very enthusiastic group.

The other Scheuer program we are involved in is one in Newark, New Jersey. This program, incidentally, was planned and devised long before the riots, and when the riots occurred it was delayed for obvious reasons -- the contact with the community that needed the service was not very good. One of the things that developed which interested me particularly was that when we visited Newark to negotiate the actual training program, we found a group of professional people who were understandably of mixed emotions about undertaking the hiring and training of people identified with a population which had recently erupted. We met in City Hall; the Mayor had arranged to have present the heads of the Hospital, Welfare, Housing, Police, and Inspection Departments. The one person on this staff who was terribly eager to begin immediately with a new careers program for Newark was the Police Chief. He was a person we had anticipated as not wanting to have a piece of this at all. What evoked his enthusiasm was his own experience during the riots. The cadets, "the police cadets," who were youngsters and young adults coming from the indigenous hard-core poor community, had been absolutely invaluable in helping to cope with some of the worst aspects of the riots.

Newark's New Careers program, along with the Police Chief's blessings, will include 250 people to be trained for the welfare, the health and hospitals, the housing and inspection departments. They will begin to work the middle of October, and they will be trained for their jobs by a central staff of approximately 20 people who are being trained at our laboratory to do their jobs.

Because I would like very much to hear what you have to say -- and I did promise Frank Riessman I would bring back word from you -- let me now summarize by telling you that New Careers Training Laboratories does many

things -- we are consultants, we give technical assistance, we're prepared to stretch clients' budgets, we're prepared to produce "instant people-trainers." As part of our technical assistance, we help plan training programs. The training programs include the format, curriculum, basic training literature -- most of which our own staff writes. We are really creating a body of literature for a very new field, e.g., quality, large-scale training; and you're all welcome to have as much of it as you need for your programs. Then we implement the plans we've created with the client by supplying training staff.

You're welcome to come and visit us. We are on 23rd Street and 5th Avenue in New York. We have one classroom floor with enough equipment so we can use almost every kind of tape recording, audio-visual, closed circuit T.V. device that is available at the moment.

HELP FOR THE PROFESSIONAL

Leo Goldman
City University of New York

I would like to take a few moments to explain my role here today. Dr. Lawrence, in his letter inviting me to make a presentation at this conference, referred to a speech which I gave at a regional conference of the Association for Counselor Education and Supervision last fall, and he thought that something along those lines might be appropriate here too.

In preparing my remarks for the ACES meeting -- they had asked me to speak on the topic of the subprofessional in guidance -- I approached the subject with a moderately open mind, but I ended with a moderately closed mind, pretty well convinced that we in the guidance field should move toward the development of a variety of helpers.

I used the word "helper" intentionally to avoid any specification as to the level of person he might be, and I used that word also to try to avoid the negative emotional reactions which are sometimes aroused by terms such as "subprofessional," "paraprofessional," and "aide." I know that we must face up to the specifications and to the emotional reactions, but I hoped that we could examine the basic idea first and then deal with these subsidiary problems.

It would be presumptuous of me if I were to suggest that the conclusions I reached in that earlier speech are necessarily valid for your field. I know much too little about the speech and hearing field to make judgments as to what extent the situations and the problems are analogous to those in the guidance field.

But the questions you are asking at this conference regarding manpower seem to be similar enough to those which we were asking at the ACES meeting that it may be of some value for me to go through much the same analysis I did with that group, so that you can see how I reached my conclusions. Then you can judge to what extent the analysis applies to your own field.

I come to you also in the role of a counseling psychologist who is concerned with this problem first, and less importantly, as it relates to the manpower needs of the country and of each community. But my primary concern is with the needs and wants of individuals who are planning their careers. As you will hear later, I think that the helper concept has important implications both for the nation's manpower problems, and for the needs of many of today's youth and adults who are having serious problems in making their careers.

The Manpower Situation

You probably are aware of the fact that not only your field and mine, but almost all the helping professions are struggling with similar manpower problems. There are shortages of practitioners in almost all fields, and there is all too little expansion of training programs to take care of the present demand, let alone the future growth.

Dr. Lawrence sent me copies of papers written by John Irwin and William Castle relative to your manpower problems. Both writers pictured a situation in which there are perhaps half the number of speech pathologists and audiologists required to meet today's needs. Both projected into the future and saw increased numbers of practitioners needed in schools and elsewhere, not only to keep up with population increases, but also to meet the greater demands for service which will come from a better informed citizenry. Despite the growth in college and university training programs, you are limited in your rate of growth, just as we are in psychology and in guidance, because of lack of trainers and because of insufficient facilities and financial aids for students.

And since almost all the professions are in the same boat, just pushing for more of the same offers very little promise of relief, because we are all competing for the same limited number of able students. Something new is needed.

Something New

The "something new" will take different forms, one of which is essentially mechanical and grows out of computers, so-called teaching machines and other self-maintaining and self-operating devices which permit an individual to be studied, to be diagnosed, and to be treated for periods of time without the attendance of a human worker -- professional or otherwise.

I don't have any idea how this version of help is applicable to the speech and hearing field, but I feel pretty certain that it will make some major contributions in guidance and counseling. For example, machines will be able to administer and score psychological and educational tests and then feed back to the pupil and his counselor or teacher almost immediate reports as to the scores in relation to various norm groups, and as to his chances of success in different courses, colleges, and occupations.

There is already a machine, though in experimental form only, which conducts interviews with high school students regarding their educational planning. The computer, communicating by means of a typewriter, asks appropriate questions, gives relevant information, and, when it spots a problem too big for it, makes a referral to the counselor.

The machines are more promise than fact at this moment. But there is another kind of something new, which is already here, though on a small scale,

and which has already proved itself, though again on a small scale. This is the human helper, and he has taken several forms.

Last year, at a small conference of social workers I heard someone describe the position of "eligibility aide" -- these were subprofessionals who were working in a public welfare office and who had been trained to do one job, that of collecting the necessary data to determine whether an applicant was eligible for welfare payments. According to a supervisor in that office, they did this job well.

And just a few months ago I saw an excellent film depicting the training and work of a group of "casework aides" -- high-school educated people who were carefully selected to be first-line contact persons, helping slum dwellers avail themselves of the professional services which were psychologically beyond their reach.

I have seen a 1966 pamphlet published by the Council on Pediatric Practice of the American Academy of Pediatrics which proposes a new functionary called the "pediatric assistant." This is a technician who would perform such functions as taking a routine history, weighing and measuring the patient, and taking blood pressure and other readings. He would also handle immunizations and would give routine directions on feeding, management of skin disorders, and such other treatment matters.

Still another something new involves the use of older students to help younger students (the basic principle, by the way, has also been applied in other areas such as psychiatric treatment, where improved patients help those who are still quite disturbed). Dr. William Brown, head of the Counseling Center at Southwest Texas State College, last spring received an award from the American Personnel and Guidance Association for his research and development in this area. He carefully selected and trained upperclassmen to provide help to freshmen -- helping them by means of individual and group conferences to become aware of the opportunities and problems facing them in college, and helping them to become aware of their own strengths and weaknesses. He found that the freshmen who had been assigned to these upperclassmen made as good or better adjustments in college than did the control group, who were counseled by professional counselors. Not only did their self-awareness and study habits improve, but they actually attained better grades in college than the control group.

Let me give you one final illustration. Last spring I spent a day at the University of Rochester visiting a project which had been underway for two or three years. In three school districts, school clerks were trained to be counselor aides. They are now working, quite harmoniously I understand, as helpers to the counselors, doing many of the things which the counselors had previously done.

Functions of the Helpers

I certainly don't know your field well enough to suggest the functions which <u>your</u> helpers might perform, but I did prepare a suggested job

description for one kind of guidance helper. I was interested to find that, independently, a committee of the American Personnel and Guidance Association produced and published a similar list of duties. (For your convenience I have brought along a number of copies of both lists.)

I would like to read my description of a Guidance Information Technician, in the hope that it will make concrete for you some of the things I have been discussing in general terms. I hope that this detailed list will help you to answer, for your own field, the question: are there functions which can be performed by someone trained at the technician level?

Incidentally, it may be of some interest to note that the settings in which ASHA members work, as reported in the paper by Castle which I mentioned earlier, are roughly similar to those of APGA members -- the largest number are in the public schools, then a fairly large second group in colleges and universities, followed by smaller numbers in hospitals, rehabilitation centers, community agencies, and government. When I made my list of functions, I was thinking mostly of the public schools, but I believe that comparable job descriptions could be prepared for guidance work in all its settings. Please remember, however, that this is only one kind and level of helper; I call him a Guidance Information Technician.

THE GUIDANCE INFORMATION TECHNICIAN

The guidance information technician (G.I.T.) works under the immediate daily supervision of a guidance counselor, performing only tasks which are explicitly assigned or prescribed.

The G.I.T. does not engage in individual counseling, parental interviews, or consultation with teachers (except perhaps to obtain specific information).

Essentially, the G.I.T. deals with information: its collection, collation, and transmission. In every case he is guided by established policy and procedure or by specific directions from the guidance counselor. The technician performs such tasks as the following:

a) Assists pupils to locate reference materials about occupations, schools, and colleges, such as pamphlets, books, looseleaf binders, filmstrips, recordings, and films. The counselor prescribes the areas to be covered and the goals to be accomplished; he usually suggests types of materials which are best suited for the individual or group, but the technician is expected to exercise some judgment in this regard.

b) Places on cumulative and other records significant information such as test scores, teacher ratings and anecdotes, and health reports.

c) Conducts individual and group orientation conferences with incoming pupils. Informs pupils of school curricular offerings, extracurricular opportunities, study methods, and other aspects of adjustment and development in the school.

d) Assists pupils with the more routine aspects of scheduling.

e) Carries out routine statistical work in compiling data pertaining to pupils, such as test score distributions, occupational and educational preferences, and socio-economic status. He may prepare local norms and experience tables.

f) Carries out prescribed activities in connection with studies such as surveys of job opportunities; surveys of referral possibilities in the community; and follow-up studies of the school's graduates and dropouts.

g) Conducts the more routine group guidance activities, especially those concerned primarily with information. Examples are: preparation for choice of future school or college; information about military service options; information about occupational status and trends; suggestions about study methods.

h) Maintains an up-to-date collection of information materials concerning educational and occupational opportunities.

i) Administers paper-and-pencil tests in groups and individually, as directed by the guidance counselor. Scores tests and records results.

j) In the absence of the counselor, or when the latter is busy, may handle emergency situations on a first-aid basis.

The APGA committee I referred to earlier gave a more detailed breakdown in some respects. Just to give you an idea of their job description, let me read you a brief excerpt from their section on "Indirect Helping Relationships," this section dealing with the Referral Function:

"a. Initiate general contacts with specific referral agencies.

b. Initiate contact for specific individuals with given referral agencies.

c. Aid individuals in making proper contact with referral agencies."

The Pros and Cons

In the paper which I read last fall at the ACES meeting, I went on to discuss the pros and cons, and the related problems inherent in the introduction of helpers such as the G.I.T. I ask your indulgence while I read the remainder of that paper. I hope that the analysis and the reasoning of that presentation will have enough transfer possibilities to your own field that they will be of some assistance to you as you discuss your manpower problems during the next few days.

Beyond the obvious advantage that each of these contributions relieves the counselor of a certain amount of his overload, there are some other

advantages. First, there is a very good chance that in many schools these functions are not done well or just not done at all under present conditions. Partly this is a matter of insufficient time, but often it is also because counselors don't like these chores or aren't very good at them. In many instances, it's just a matter of not being enterprising or energetic enough to perform these practical and concrete activities.

There are of course a few exceptions -- counselors who eagerly seek out the technician tasks and avoid the less tangible and far more challenging relational and leadership work. For this kind of counselor we need to add, not subprofessionals, but supra-professionals.

If we can get the right kind of people into the helper jobs, we might well find that they enjoy these concrete tasks and even do them better than the professional counselors do. The helper might be able to take seriously the collection and maintenance of a good occupational library, something that few counselors do. The right person might even work up some enthusiasm for the chore of keeping cumulative records up-to-date, a chore which professional counselors should find dull and tedious.

There is another possible advantage. Perhaps average and below average children and adolescents would find it easier to warm up to a counselor's helper than to the counselor himself. What suggests this notion is some of the experimentation with ward attendants in hospitals, with college seniors who serve as helpers to freshmen, and with indigenous workers in the slums. The social and intellectual gap would be less, and therefore some youngsters might feel more comfortable during the process of receiving information, taking tests, and in the other technician-level activities listed earlier.

And a nice by-product would be that the position of helper would provide an opportunity for employment of people who can't or won't undertake a full five or six years of college. For many of today's poor, this may be a realistic compromise between poverty and the top of the ladder.

In fact, some have suggested that many of the helpers might, after some experience on the job, get the necessary graduate training to become professional counselors. They see this as an additional source of counselors. I must say that I wasn't really thinking along these lines. I doubt that in the medical or engineering fields very many technicians ever become full-fledged professionals. Rather I would think of the technician, aide, and other new helpers as people who would be temperamentally and intellectually happy to make permanent careers in those positions. On the other hand, we do have a large number of really underprivileged people these days who can't afford, or can't commit themselves to, four years of undergraduate college, and later a year or two of graduate work, but who do have the potential for professional functioning. For some of these, the top of the building might some day be reached, but only in stages, resting at each landing before trying, or even thinking about trying, the next flight of stairs.

But one might well object to this entire proposition on the grounds that it would be a serious strategic error, a retrogression in the development of

our field. We have slowly raised the standards for counselors from, at first, good intentions, then six credits, then fifteen, and finally after many years, a year of graduate work. Now we are engaged in an effort to see whether a two-year graduate program can be sold to school superintendents, state commissioners of education, and university presidents.

At such a time, when we have all too few really well trained and well educated counselors, wouldn't it be unwise to suggest that some of the duties of counselors can be performed by people with no graduate work, perhaps with only two years of undergraduate work? And wouldn't we be better off to use all our energies and imagination to turn out more and better professional counselors?

At this point I think of my own productivity -- scholarly as well as administrative -- during the years that I had the services of a graduate assistant and the years I didn't. Like many of us, I can enjoy occasional concrete and routine activities, but on the whole I get badly bogged down in the little tasks of finding something in the library, or even in my own files. I can waste hours trying to find out whom to call in order to get up-to-date mailing lists for this or that. In fact, merely the anticipation of some of these chores can so discourage me that I keep postponing the project or just let it fade away.

But when I have an assistant -- not a secretary, but an assistant -- who can take over these chores, then I turn him, or her, loose on the details and devote myself to planning, going over procedures, and then interpreting and writing. For me, just the sight of an assistant sitting around waiting to be of service fills me with ambition, or at least guilt, and this stimulates me into action to find something worthwhile for him to work on. And since he isn't paid very much, I don't feel so hesitant about piling low level duties on his back. I am wondering whether the same phenomenon might not work for school counselors, too.

The Professional's Role Changes

But there is an inevitable side-effect that must be considered. Just as the presence of an assistant in my office has changed my work somewhat, so would the presence of a helper in the counselor's office change his role. For one thing, he must of necessity be a supervisor of the helper. Further, he must spend some time being a planner if he is to keep his helper busy. If you are doing your own work, you can afford the careless luxury of operating on an ad hoc basis. But with a salaried pair of eager eyes looking to you for leadership, guilt alone, if not a more noble motive, almost compels you to plan ahead somewhat more than usual.

It is entirely possible that you will not like the changed role of the counselor, and it is even more possible that many counselors will not like their new role. If the technician, and aide, and indigenous worker, and the student-helper really were to take hold, the counselor could well become, for a good portion of his time, a supervisor, a planner, and a policy-setter.

He might well spend less time talking with pupils individually and more time training and supervising his helpers to talk and listen. He might spend more time talking with adults -- administrators, teachers, and community representatives -- learning from them what the needs are and trying to help them to understand the child's world.

In effect, the counselor would spend more of his time working through other people, helping the same children and youth, and helping them as much or even possibly more than he does at present.

This line of reasoning is, for me, a source of reassurance regarding the apparent anomaly that here we are considering the introduction of lower level workers at a time that the trend is clearly upward in counselor education standards. But it is not an anomaly at all. By clearly removing the low-level functions from the high-level person, and by giving him a staff who can perform those functions even better than he can, we in effect multiply his productivity. Not only that, but we also have now an even better rationale for demanding two years of graduate preparation for the professional counselor: he will be no longer a mere technician, but an educational leader, at least in part.

Can the Schools Be Trusted?

One of my colleagues raised a cogent and challenging question: are schools ready to handle such a structural change intelligently and maturely? Or will the counselor-hungry school administrator be tempted to see all the technicians and aides as just additional counselors and fail to assign to each of the staff members duties and roles which are commensurate with their respective qualifications? I don't know the answer to that question, but my unfailing optimism leads me to believe that we could develop a plan under which malpractices could generally be prevented. It would require full participation by state education departments, guidance directors, and counselors themselves through their professional associations. We have seen considerable growth in the maturity and level of functioning of our practitioners, and I think that they may well be capable of handling the new challenge and the new opportunity.

Problems of Implementation

There is a great deal that I haven't said. I haven't documented, for example, the contention that subprofessionals can perform the functions I have suggested for them. There is some support from projects such as Brown's, where selected college upperclassmen were able to provide certain orientational, interpretive, and other services to freshmen after some 40 hours of training. There have been other efforts, some of which have been well evaluated, others not, in hospitals, in community agencies, and in schools, which suggest that it is at least feasible to try out subprofessional workers, that at the least they do not appear to do damage and that at the best they seem to do some good. And in several instances they appear

to do more good, in certain restricted ways, than the full-fledged professionals who try to perform the same functions or produce the same outcomes. There are also some activities in the poverty programs, most of them not, to the best of my knowledge, in published form and most of them not properly evaluated, which suggest that even subcollege-level people have been able to provide help in ways which certainly could be regarded as legitimate parts of a total guidance program.

A few years ago I would not have given a moment's serious thought to these suggestions. But it is becoming increasingly clear that the one-to-one professional model is very shaky in all fields. We just cannot, in all the professional service fields, continue to raise selection and training standards higher and higher, while at the same time insisting on the self-contained professional practitioner. As Eli Ginzberg has pointed out, the pattern does not make economic sense. Certainly not in a time of increasing costs of obtaining a higher education, a time in which there are a frighteningly large percentage of really poor people, especially in our large cities, a time of increasing needs and demands for help at all levels and in all corners of our civilization, and a time in which machines are constantly challenging humans with Annie Oakley's taunt: "Anything you can do I can do better."

I haven't said anything concrete or specific about the selection and training of the helpers. As I see it now, the door is open to several possible levels. The immediate assistant to the two-graduate-year counselor might be a bachelor's degree holder who has had an undergraduate major in guidance, much as one can have a terminal major in the physical sciences and be ready to work as a laboratory assistant.

Another level might require graduation from a two-year college, with a major in a program for Guidance Technicians, comparable to optical, medical, sales, or other technicians at this level.

And I would not close the door to consideration of roles even for high school graduates. I suspect that a job analysis of guidance counselors, with time and motion study included, would reveal that there are some functions they perform, maybe because no one else is there to perform them, that an average high school graduate could do with some training. And, perhaps more important, there are many functions which are not performed because there aren't enough hands or enough hours in the day. I am thinking of such mundane chores as transporting materials from one place to another, escorting groups within the school or on out-of-school trips, setting up an occupational film in a projector, distributing announcements, and on and on.

I have not said anything about the controls which will be necessary in order to protect the children and youth, their parents, the schools, and the communities from the damage which might be done by people who try to do work for which they are not qualified.

Undoubtedly, some lazy counselors will let their helpers do too much of the job, and some thoughtless counselors will assign tasks which the

helpers are not qualified to do. Some very conscientious counselors may waste their helper's time because of unwillingness or inability to plan or to delegate responsibility.

It would seem to me that the best safeguard would be for us, through our professional associations and in collaboration with other concerned groups, to take the responsibility for making a master plan, an over-all blueprint for provision of guidance services. Without necessarily leaning too heavily on the medical model, but taking from it whatever good ideas it contains, we should then plan a system for insuring that all the helpers will be appropriately educated and trained, whether at senior college, junior college, or high school level, and for insuring that they are appropriately placed and well supervised. We are not power-seeking people, and in fact tend to avoid power, but it seems to me that this is an area where we must take responsibility. Responsibility, however, cannot be carried without also a willingness to hold and exercise power.

In Conclusion

May I conclude by saying what I would like to think does not need saying, that I am still as deeply committed as ever to a quality emphasis in counselor education. I am as opposed as ever to mediocrity. But I am not suggesting any lowering of standards. In fact, by proposing that we consider introducing first-class technicians, first-class assistants, and first-class aides, I am suggesting that this is a way of getting and keeping first-class counselors.

I hope that you can make a similar statement for your field, that by introducing first-class technicians, first-class assistants, and first-class aides, you will be better able to get and keep first-class speech pathologists and first-class audiologists, and that the professionals will be more productive and more effective as a result of having their helpers.

EDUCATION

Don Davies
National Commission on Teacher Education and Professional Standards

We believe that we need to change conditions in the school and the job of the teacher so that they will be more hospitable to the type of person we are trying to attract into and hold in the teaching profession. In order to accomplish this, the National Commission for Teacher Education and Professional Standards has proposed four lines of attack:

1. The introduction of auxiliary personnel of various kinds into the schools in large numbers.

2. More effective use of technology to aid the teacher.

3. More effective utilization of specialists of all kinds and the establishment of more effective relationships between the specialist and the teacher in the school. This may be of special interest to those of you who are specialists in school systems and know the problem of trying to establish communication between specialists and classroom teachers and administrators.

4. To develop in schools the kind of environment, or climate, that encourages people to think, to have new ideas, and to try new ways of doing things.

To succeed in these efforts will require a drastic change in American education, a change that is basically revolutionary. It will require a drastic new concept in utilization of staff time and talent, and drastic changes in school organization. We recognize that American education, like any other large institution in our society, cannot be remade next week. As a professional organization of teachers, we feel that we can make an important contribution by giving a stamp of legitimacy to the need for change in education and to important new directions for change. This is a somewhat new role for professional associations, which have all too often seen themselves as guardians of the status quo.

Last fall, our Commission issued a statement on Auxiliary School Personnel. I can summarize the major items in this statement very quickly. First of all, it states a fact that is obvious to all teachers, that they spend a good deal of time doing "Mickey Mouse" jobs that require very little formal education. We said that the teacher needs supportive personnel to work with him so that he can provide more individualized help for youngsters, and have time to think and plan and do the kind of things teachers ought to do if they are going to call themselves professional.

We said that the decisions about what aides should or shouldn't do ought to be made primarily by the faculties of schools and the teachers to whom the aides are assigned. We want to avoid rigid job descriptions in

which we say, "Teacher aides shall" and "Teacher aides shall not." Teacher aides are not going to have the same background and capabilities, and all teachers are not going to have the same need for assistance. Hence, the worst thing we could do is to have rigid job allocations and descriptions. We need, instead, an approach that will recognize the different talents of both the teachers and the aides.

We also said that aides, and the teachers with whom they work, need orientation and training. Another very obvious point. Most teachers have been prepared in college as if they were going to teach in a self-contained classroom at either the elementary or secondary school level, and many of them spend their entire life in the profession isolated in a classroom with youngsters. Hence, teachers themselves will need a good deal of reorientation and training in how to work effectively with another adult in the classroom.

Many kinds of aides, we said in our statement, are doing many kinds of jobs, ranging from very menial tasks to teaching of various kinds, and this is appropriate. The preparation and qualifications required of aides should be determined by what they do rather than by some kind of armchair definition of qualifications. Our position is that the control for the profession rests with the professional judgment of the teacher to whom the aide is assigned rather than with a superstructure of laws and regulations and codes.

The tendency in most fields is to want to write everything into laws and codes and regulations as quickly as possible in order to protect the profession. We are urging that this not be done. We urge particularly that state certification and licensing for aides be delayed -- maybe forever, and certainly for now -- until we are more certain what function their licensing would play in the betterment of education. Accordingly we are urging state departments of education and our affiliated groups in the states not to plunge quickly into licensing. I don't know whether we're going to succeed in this effort or not, since one of the first impulses of any occupational group is to gain status by seeking some kind of licensing or certification; and I have a feeling that teacher aides, when they become organized, will get the same yen. We would like to help them to avoid having to relive all the mistakes we've made in teacher certification over the last hundred years.

There are two or three important questions, or problems, that I'd like to throw out for possible discussion later. The first is the question of teacher reaction, teacher fear at and resistance to the idea of having auxiliary personnel in the schools. When we first started to talk about this topic, we were told that the teachers would be in open rebellion against the introduction of aides. We have found that this is not the case. Those teachers who have had an aide, or other supportive personnel, working with them like the idea very much and don't want to go back to a situation where they don't have such help. We have been collecting testimonials from teachers who have worked with aides, and most say, "Don't take them away. This is marvelous. Finally I have time to teach. For the first time, I feel that my job is really professional." Let me quote from a letter we received from one of the teachers, an elementary schoolteacher in North Carolina:

The major tasks performed by the teacher aide in my classroom are these: He collects all monies, maintains attendance records, makes lunch reports, maintains cumulative record folder, weighs and measures pupils, scores objective tests, supervises the loading and unloading of school buses, helps with the playground activities, supervises the lunch period, transports sick children home, operates audiovisual equipment, types stencils, and assists with the instructional program under my supervision. I am now able to devote more of my time to the important things in education. Teacher aides have provided us with time to teach.

This is representative of what teachers are saying. But, although we have encountered much less fear and anxiety than expected, we are still convinced that a good deal of orientation and discussion of the problem are necessary in order to reduce the level of any that may exist.

The second important topic is the New Careers idea you heard about this morning. This is obviously a very controversial proposal in education, as in other fields. The question is raised, should we have poor people in the schools to give them jobs, or should we have people in the school to do the jobs that need to be done? There are endless arguments going on in educational circles on this particular point. Our feeling is that poor people (people who live in the slums and send their children to slum schools) can make an enormously important contribution to the teacher, to the school, and to the educational experience of children. For this reason, we ought to find a number of effective ways of introducing these people into the school program as paid and volunteer aides. The most obvious contribution that the poor person has to make in the slum school is to serve as a mediator, a bridge, a translator between the culture of the community and that of the middle-class teacher and the middle-class administrator. The New Careers movement, therefore, is one that we are supporting with enthusiasm.

A third important question is, what kind of training is needed and who should provide it? The Bank Street College of Education in New York, which is doing a major research and study on the problem of auxiliary personnel in the schools, has recently published the results of a one-year study. A few randomly selected findings from this study may interest you:

1. Some training is needed, and emphasis should be on the in-service, on-the-job type rather than on lengthy and elaborate academic training in advance of the practical experience.

2. It is much more effective to train auxiliaries and teachers together than it is to train the two groups apart and then try to put them together, or to train the auxiliaries and assume that teachers will be skillful enough to work with them without training.

3. School systems and community colleges, rather than colleges and universities, are probably going to be the most effective training institutions.

4. The training programs will be most effective if there is a close relationship between theory and practice at all stages of the program.

5. Since the most important training is done by the teacher, it is necessary that the teacher and his auxiliary have time to talk to each other during the school day.

6. In addition to training in specific skills, such as typing, running the ditto machine, etc., instruction for the aide should include some study of human growth and development and opportunities for either individual or group counseling. Programs of this broader type seem to be much more effective than those that are limited to training in specific skills, with little reference to what children are like, to what the school is trying to accomplish, or to the individual problems of an aide as he moves into a school situation.

We are convinced that the introduction of auxiliary personnel into the schools, if handled properly, can be an extremely useful part of the broader changes needed to make teaching into a job that is both manageable and productive.

There are many other questions and many other problems I could raise but lack of time prohibits.

NURSING

Elizabeth Ulrich
Veteran's Administration

It is a great pleasure to be here to represent the nursing profession in this panel discussion on school speech and hearing programs. As I listened to Dr. Davies, I was quite sure I should categorize school nursing as a specialty. However, to me the nurse is a generalized practitioner in public health and preventive medicine. In this way she can function effectively in any school health program. Interesting questions arise because there are these two schools of thought. Should the nurse be a specialist in the school programs or should she be a generalist?

The use of nurses and their assistants as supportive personnel in school health programs, including your speech and hearing programs, has a very long history and actually dates back to 1902 and the Boer War. As you who are historically oriented will remember, at that time it was decided for the first time in this country that all young men who volunteered to fight should be medically examined. You will probably also remember that our U. S. Government was shocked to find that more than 50% of the young men examined had medical defects and disabilities that were serious enough to prevent them from being accepted for military duty. This is especially interesting to us in the Veterans Administration because we still have 15,000 Spanish-American War veterans. Their average age is 87, and they have all the rights and privileges of a veteran. There was no medical examination for these men when they volunteered to fight. However, because of medical findings in 1902, the Government ordered that special studies be done. These showed that many defects in the young men, including sight and hearing loss and the impairments of speech, were preventable or could have been corrected during school years. It became evident that there was need for health services in the schools.

About that same time, a group of public health nurses in New York City, working in the newly formed Henry Street Visiting Nurse Service, convinced the New York City Health Department of the value of public health nursing services for the school child. Their objective was to control serious communicable diseases such as diphtheria, scarlet fever, tuberculosis, impetigo, scabies, etc., and to prevent the complications resulting from these diseases which could cause all types of organic defects, including sight and hearing loss and speech impairments. They demonstrated a type of school nursing program in the New York City public schools which was an immediate success and schools in other communities soon adopted it.

Today, nursing services in schools may vary a great deal and may be provided in a number of ways: by a specialized school nurse; by a nurse employed by a Department of Health or Department of Education; or by a Visiting Nurse Service that provides part-time service to schools as part of a generalized public health program and in part by nonprofessional nursing personnel.

Although there is a great deal of discussion these days, and strong opinion too, about whether school nursing is conducted better on a specialized or generalized basis, the answer is probably relative. In the sparsely populated rural areas with many small and scattered schools, specialized service is obviously impractical. In the large school plant, there may be good reason to have a nursing service apart from the community service agency. Public support, budgeting practice, preparation of available nurse supply, and personal or political factors may all enter into the decision. In fact, there was a time during the 1930s and 1940s when the political factors loomed so large in some of our Eastern states that school nursing more or less fell into disrepute because the positions were regarded as "political plums" and the only requirement was being accredited as an R.N.

Fortunately, the school nurse is now coming to the fore again and her graduate preparation for school health work is rooted in the field of public health nursing. She also has special training in the types of health services that the child with sensory loss or defects may need. Whether school nursing is on a specialized or generalized basis, it is important to establish a policy regarding how the nurse will function in the school health program. This prevents confusion, protects the children, the school personnel, and the nurse.

Generally, the public health nurse's contribution to the school health program falls into two broad areas: nursing activities within the school, and nursing activities in the homes of school children. Many of the nursing activities within the school can be delegated to nonprofessional workers. In this area, we believe it is a waste of professional time to have the nurse spend all day in the school health clinic taking care of minor complaints and injuries. Not only teachers but the lay workers and volunteers should be trained in first aid and they could handle all these minor problems.

Nursing has for quite a while been shifting some of its nursing duties to nonprofessional workers and the reason for this is because medicine is becoming so complicated that the physician keeps delegating his technical functions in medicine to the professional nurse. This means that the professional nurse in turn must delegate some of her technical functions to others. In the hospital situation, the kinds of nursing activities we delegate to licensed practical nurses and nursing aides fall into three broad categories. First, there are the nursing activities that relate to the basic physiological and personal needs of the patient; that is, comfort measures, personal hygiene measures, maintenance of normal body functions, and vital signs. In this category, there are many technical activities in nursing that could be done by anyone who is properly trained in these functions. The second category of nursing activities which can be delegated relates to the needs and response of patients to their health problems. In this area we include medications, suctioning, dressings, irrigations, and observation of results of medical treatment or procedures. Many of these activities can be performed by persons other than nurses if they are properly supervised, and thoroughly understand what they are doing. It can be assumed that for these functions we would select people who are intelligent and can be trained.

The third category consists of activities involved in assisting the physician with medical treatments or procedures. We recognize that the doctor still wants the nurse to function as his assistant and while we would like to continue working with him in this way, we know it is not reasonable to assist the doctor in many of the procedures that he needs to have done; for example, collecting specimens, assisting or chaperoning with a physical examination. He usually does not need a professional nurse on hand for this kind of activity. Even when he is doing a dressing, a well-trained lay person can help him. In the Veterans Administration, we are now training our nonprofessional nursing personnel to assist the surgeon in both major and minor surgery. I think you will find that in your school health clinic, the physician will do procedures similar to some I have mentioned and you can very well afford to train the lay worker to assist him in these activities. We find this third category of assisting the physician is the area in which we are seeing the greatest increase of activities in our lay workers. This is true not only in hospitals and health clinics but in any place where you have a group of people who need overall health services, including those provided for school children.

In regard to numbers and ratios of professional to nonprofessional workers in the nursing field, I can give you the figures for one government health service. In the Veterans Administration, we have about 165 hospitals with approximately 125,000 patients on any one day. We also operate more than 100 outpatient clinics and we have domicilaries, restoration centers, and 4,000 nursing home beds within our medical facilities. The Veterans Administration employs approximately 15,000 professional nurses and these nurses are assisted by about 3,300 licensed practical nurses and 26,000 nursing assistants. This means that we have a ratio of one professional nurse to two nonprofessional nursing personnel. The professional nurse is responsible for appraising the nursing needs of patients and providing adequate services to meet these needs.

In the school health program, the nurse also appraises the health needs of each child and then should be able to delegate those activities which can be appropriately taught to and done by other school personnel. At present, we do not have enough of this delegation in schools. If I asked you, there would probably be at least a dozen of you in this group who might admit that all you have seen and all that takes place in your school health program is that the nurse is the first-aider in your clinic. She is always there. This is really a sleeper for you because psychologically you are happy to know that the nurse is always there. Anything can happen and you just refer it to the nurse. This, we say, is probably not the way you want to do it in a modern preventive health program.

I have not discussed specifically what the nurse in the school program does in terms of case finding, case holding, and treatment; how she works with you, with the teachers, and especially with families in terms of the type of treatment and preventive measures that must be taken in school speech and hearing programs. Rather than enumerate them, I would be pleased to have you ask me about these specifics during our general discussion period.

PHYSICAL THERAPY

Florence S. Linduff
Social and Rehabilitation Service

I am very pleased to be with you this afternoon. Since, as I understand it, your organization has come to grips with the question of supportive personnel, I have decided to confine my remarks to the sequential study on utilization of supportive personnel conducted by the American Physical Therapy Association (APTA), of which I am a member. The study will be continued because there are many facets of the two levels of training to be considered. I'll give you a little of the background prior to coming to some of the details.

Physical therapists for many years have utilized supportive personnel in their programs. In civilian hospitals, aides were trained in informal, on-the-job programs, and instruction and treatment procedures were taught the parents and other family members. In the armed forces, corpsmen received both formal and informal training. In the Veterans Administration, assistants were trained in a manner similar to that of the armed forces.

The APTA has long been interested in supportive personnel, and it believes that with adequate training such personnel could free the professional from time-consuming routine duties. I think that this is what we are all concerned with here today. Back as far as 1944 the APTA developed a syllabus for the training of volunteer physical therapy assistants. This course, like many others, was never implemented, but the materials developed in cooperation with the Joint Orthopedic Nursing Advisory Service for the orientation and utilization of volunteer assistants for the care of poliomyelitis patients, were made available and distributed generally by the National Foundation for Infantile Paralysis.

In 1949 the APTA House of Delegates adopted a policy statement officially recognizing the value of the services of nonprofessional personnel in assisting patients in preparation for treatment, in housekeeping, maintenance, and in transport activities. A booklet published in 1954 provided guidelines for the selection and training of what were termed "nonprofessional personnel in physical therapy departments." Within four years this publication was out of date and in need of revision.

It was not until 1964, when a resolution was introduced and passed in the House of Delegates' meeting, that the APTA really came to grips with the problem. The Board of Directors appointed a committee of five members to serve for a period of two years and, as directed by the House Resolution, to submit to the House a year later (1965) a preliminary policy proposal. In 1966 the committee was to submit to the House of Delegates a final report for action. The committee was instructed to investigate the use of nonprofessional personnel, and to develop a specific policy proposal for their utilization which would reflect the standards of the APTA regarding title, responsibility, education, training, supervision, regulation, and all other

related areas.

During 1964-65 the committee reviewed all available materials concerning the current use of nonprofessional personnel and all existent and proposed training programs for persons in this category and in health-allied fields. They studied and discussed the influence of health, socio-economic, and educational trends, and explored possible titles, levels of training, and certification. Members of the committee made personal contacts with resource people in occupational therapy, nursing, and other professional groups, to gain information about experiences in establishing and regulating programs for the nonprofessional. It became very apparent to the committee that the APTA did not stand alone with its problem, but that other professional groups were having similar debates and discussions on the use of the nonprofessional, and that one of the greatest difficulties was semantics.

In a 1965 interim report the committee revealed that most physical therapists (approximately 80% of them) used nonprofessional personnel at some level. The report also indicated a wide variation in the amount of training, types of duties, and responsibilities assigned to these individuals. Studies done in one state demonstrated that 36.32% of a staff therapist's time was spent on duties that could be assigned to a nonprofessional. The committee reported the existence of at least 10 medical care facilities, each of which provided varying levels of in-service training programs tailored to meet its own individual needs. In addition there were eight known agencies or groups which actively encouraged or were interested in establishing training programs for supportive personnel in this discipline. These included the U. S. Department of Labor, the Department of Health, Education, and Welfare, junior colleges, vocational schools, proprietary agencies, physician groups, nursing homes, and state health departments. In its report the committee identified the major socio-economic, health, and educational trends which were already influencing the practice of physical therapy, and which indicated that rapid and marked changes in the delivery of physical therapy services must continue to occur if the future physical therapy needs of the public were to be met and the quality of these services was to be maintained. Some of the details of these trends may be helpful in analyzing your own problem.

1. The number of persons to be served increased considerably, as did the number of chronically disabled persons and those disabled by catastrophic injury. The nation's people were aware of health needs, and realized that disease and disability should and could be prevented, while maintaining a positive level of health. They also were aware that further knowledge and continued improvement in health and in the control of disease was dependent to a great extent on research.

2. Society was not only demanding increased health services, but was in a position to finance these services through increased personal purchasing power, prepaid medical care plans, and government supported payment for care.

3. To improve delivery of services to people, it was necessary to

develop and expand hospital facilities, long-term chronic disease hospitals, nursing homes, and intensive rehabilitation facilities. Increased utilization of coordinated home care programs, ambulatory care services, and mobile health units was another means of improving services.

4. In addition to the increased dollar amount for services, the mobility of the population and the shift of the concentrated population from urban to suburban areas made coordinated planning necessary in order to provide for the most efficient use of existing personnel and facilities and to provide for the strategic placement of services.

5. The average level of education of the general population had risen significantly. People were achieving a higher degree of preparedness than ever before. There was rapid expansion of junior and community colleges, and there existed an increased demand for the provision of terminal education on a two-year college level.

6. To more effectively utilize their own abilities and skills, professionals in many health, educational, and industrial fields had delegated some areas of traditional practice to trained assistant technical personnel.

7. Government subsidies were provided for building new and for expanding existing health facilities, for financial assistance for research, and for the education of health personnel at various levels. Government was providing funds for the development of vocational educational programs and subsidizing on-the-job training of large segments of the unskilled labor force. Manpower studies reported a shortage of health service personnel and indicated that a part of the unskilled labor force could, if properly trained, be utilized to meet the existing and projected demands for health services.

8. The role of the physical therapist was changing. To provide services, but at the same time maintain a high level of care, professional physical therapists found they were spending more time and energy in coordinating and planning for patient care, improving methods of evaluation and reporting, training and supervising assistant personnel in duties which could be delegated to the assistant. The training and supervision of the assistant would thus allow the physical therapist adequate time for service and care. This changing responsibility paralleled the growth and development which had occurred earlier in the medical, nursing, and other professions. Members of the physical therapy profession were already recognizing the need for an acceptable level of training for supportive personnel and were seeking guidance for formal in-service and vocational training programs.

On the basis of these deliberations, the committee formulated a definition of terms in the preliminary draft of the proposed policy statement for the utilization, regulation, and training of the physical therapy aide.

Meanwhile, during the committee review of the problem, the U. S. Congress in 1964 enacted major legislation relative to the education of health personnel and the provision of health services, and in 1965 several new pieces of federal legislation were enacted which could have a profound impact

on the delivery of health services and the supply of health workers. New inquiries and reports were received which gave evidence of increasing interest and activity by junior colleges, proprietary schools, vocational-technical schools, hospitals, and other health care facilities in the development of programs for training supportive physical therapy personnel in recognition that the need for physical therapy services must not only be met, but that the quality of care must be maintained and improved.

The committee was asked to continue with the study and to focus attention on a category of nonprofessionals in addition to aides with a view to establishing two levels of supportive workers. In 1966 the state chapters were asked to review the interim report in depth and to give comments and recommendations to the committee. Of the 61.3% of the chapters who responded, more than half suggested that the committee consider two levels of supportive personnel. The committee then presented to the House of Delegates in 1966 recommendations for two levels of supportive personnel -- the physical therapy aide and the physical therapy assistant. In its report the committee gave a comparison of both levels of workers with their distinguishing characteristics. Also, a preliminary statement was presented by the committee concerning the education and use of the physical therapy assistant, and a request was made of the House that it be adopted in principle and that a final report be presented in 1967. This necessitated an extension of time for committee action and the House approved it. At this point of time in the House of Delegates there was considerable discussion about the semantics of the issue and a motion was made and passed to discontinue use of the term "nonprofessional" and to use instead the term "supportive personnel" which was considered appropriate when referring to aides and assistants. Also, a motion was carried that a statement of policy would be prepared to the effect that the APTA would assume responsibility for developing, promoting, and maintaining standards for educational training programs to prepare supportive personnel, and that the policy statement would be disseminated to all appropriate bodies, agencies, and organizations. This action was carried out. In 1966-67 the committee, recognizing the magnitude of the work to be accomplished in the preparation of appropriate teaching materials and job descriptions and the continuing evaluation of guidelines, recommended the establishment of a standing Committee on Supportive Personnel. The standing Committee continued to review all previous information and materials, additional reports, inquiries, and comments received from members and agencies. Trends were toward higher levels of education, extension of health services, and financial support for expansion and development of programs. Increased interest was expressed in the development of junior college programs.

Again, in 1966, the 89th Congress enacted additional legislation relating to health and education. Specifically, the Allied Health Professions Act (P.L. 89-751) provides: financial assistance for training of teachers, administrators, and supervisors in allied health professions; basic improvement grants for junior colleges, colleges, and universities having requisite affiliations with hospitals; funds for the development, demonstration, or evaluation of new types of health personnel; construction grants to institutions with training programs in three or more allied health fields. The latter part was never implemented, because there was never an appropriation

for construction grants -- perhaps in about 1969 one will be forthcoming. During 1966-67 the Committee met again with representatives of the American Occupational Therapy Association, the American Nurses' Association, National Health Council, American Association of Junior Colleges, the APTA Headquarters Staff, and selected Committees of the Board to discuss their experiences, and comments were invited concerning education, utilization, and regulation of practice of supportive personnel. These sessions were helpful and productive to the Committee for instruction on how to set up these programs. Searching for the answers to the education and training of supportive personnel, the Committee fully recognized that the expansion of knowledge and advancement of technology were changing the role of the physical therapist in both scope and magnitude. Physical therapists were providing direct care and services for greater numbers of patients with more diverse disabilities and needs; they were providing increasing amounts of preventive care, instruction in both in- or out-of-hospital services, measuring, evaluating, and developing new treatment procedures. Physical therapists were increasingly involved in consultant roles within health care facilities, in community and area planning groups, and in clinical and basic research. It is anticipated that the demands on the physical therapist's time in these areas will continue to expand, and the maintenance and improvement of quality patient care remains of utmost concern. In our Rehabilitation Services Administration-supported professional educational pattern the programs run 4 or 5 years. From the 45 schools of physical therapy involved in our program, we are graduating only somewhat over 1,000 students a year. New schools are in the developmental stage, but it will be several years before their enrollment adds significantly to the number of well-prepared physical therapists ready to practice. Normal attrition rate, marriage, retirement, and, in some instances, change of profession deplete the annual supply so that the final statistical figure is only one-half of the number of students graduated each year -- or 500 students. It was estimated that there were about 14,000-17,000 physical therapists in the country. Slightly over 12,000 were members of the APTA. In efforts to recruit people back into the field we have been doing some work in continuing education at certain of our universities, because we feel there is potential here that we haven't really looked into, and we believe that refresher courses might entice non-practicing therapists to return to the field. Our recruitment efforts are like your recruitment efforts -- students are in demand, and, of course, we have a few recruitment gimmicks, such as offering traineeships which include tuition and registration fees. Although we have two kinds of programs -- one at the undergraduate level and one at the master's or graduate level, very often we find that the college graduate has exhausted his funds and has to seek funds elsewhere to continue in graduate work, but this often happens to the student at the junior and senior college level, also.

The Committee and members of the Association felt strongly that programs to educate and train supportive personnel to assist the professional are necessary if the profession is to fulfill the stated function of the national organization, which is to "foster the development and improvement of physical therapy service to the end that physical therapy needs of the people will be met." The physical therapy aide level of personnel, with appropriate education and utilization in providing patient services, can effectively contribute

to the overall health care of the ill and disabled. The physical therapy assistant level, if offered in a 2-year college program, would provide the student with the opportunity to grow and to change goals, if desired, and it would provide vertical educational mobility. There is an increased demand for the development of educational programs for health workers at this level. Already in operation are programs in occupational therapy, technical nursing, dental hygiene, and medical technology. It is believed that the establishment of this level of education would fill a recognized slot in the educational ladder, would provide for the development of knowledges in the social, biological, and physical sciences, and would aid in teaching the principles of rational thinking, communication skills, and the recognition of limitations, all of which are required for the protection of the public and the maintenance of quality physical therapy care.

At the House of Delegates' meeting of the APTA in July 1967, the report of the Committee was accepted. It is now the responsibility of the APTA state chapters and the standing Committee on Supportive Personnel to develop, with appropriate sources, education and training programs for two levels of personnel, the physical therapy aide and the physical therapy assistant.

During the past year, while the Committee was still at work, several of the state chapters set up advisory committees on supportive personnel to work with rehabilitation facilities, state health departments, and junior colleges in an advisory capacity in developing appropriate educational programs.

Within the last month, our agency has received the first proposal for a research demonstration project for training of supportive personnel. This is a conjoint project between a state health department and a junior college. Based on the experiences of two programs in junior colleges for occupational therapy assistants, the proposal describes a program to train both occupational and physical therapy assistants. In the first year the students will be enrolled in the required liberal arts program of the college. The second academic year will be structured to meet the educational and clinical experience needs of the students in either the occupational or physical therapy assistant program. To the reviewers of the proposal, it seemed to be a realistic approach which might well serve as a pattern in education for assistant programs in other junior colleges.

In summary, the exhaustive study of the APTA Committee on Supportive Personnel culminated in the action taken by the House of Delegates of the APTA to approve two levels of workers to assist the professional. Proposed policy statements on training and utilization of physical therapy aides and physical therapy assistants have been developed. The APTA will assume the leadership role in the development and implementation of educational programs that will help to meet the national need for training personnel in physical therapy services.

COUNSELING

Carl McDaniels
George Washington University

I think I owe a depth of gratitude to this audience. You have allowed me some time on the program just before we have to terminate, and I appreciate that. I did'nt know exactly what our speaking order would be. But now I realize I can simply comment on what the other speakers had to say before going on with my own remarks. What I had planned to say includes a great deal of repetition now that you have looked at other fields and seen their approaches.

I do, however, want to comment briefly on the fact that we did come up with a policy statement. I think it took us about 30 days. It took the Physical Therapy Association three years. We eliminated all democracy on the part of our committee to do it and to sneak it through our executive council. There seem to be certain protocol steps, some perhaps more democratic than others, in getting policies through.

I would like to speak on two or three points. Perhaps that's all that would make long-term, notable material for you. One is to comment on the current status of the whole matter of support personnel and the counseling area: first of all, in the schools, and secondly, in the other areas the American Personnel and Guidance Association is generally concerned with. Unlike the other speakers here today, I speak for no organization, unit, or association -- only for myself, and that's kind of a nice situation to be in.

As far as support personnel in the counseling field is concerned, activity around the country is extremely spotty. Action is seen primarily in the big cities. In New York, Chicago, and elsewhere a number of experimental programs are utilizing support personnel. Here in the District of Columbia, for example, we've had off-and-on-again programs with the use of counselor aides since the early 1960s. These programs have been somewhat at arm's length from the school system, and they have operated, I think, in spite of the schools, in spite of the limited encouragement that has been present, rather than because of the schools' open arms toward this whole activity.

Nancy Slossberg of Wayne State University recently reviewed the situation elsewhere around the country and found that, as mentioned earlier, New York, Philadelphia, Detroit, and most of the large metropolitan centers were using some kind of counselor aide program -- at least experimentally and on a very limited basis. For the most part, they were started by "out-of-school pressures," such as anti-poverty programs, Department of Labor activities, or other related Federal involvements in the metropolitan areas. I think it must genuinely be said, though, that in rural areas we have nothing like even the experimental use going on that we have in the big cities.

So, in spite of what glowing reports, perhaps, came to you this morning from my colleague, Leo Goldman, about what is happening in New York city, it would be my observation that what little we know suggests that counseling development in this area is not nearly as far along as some of the other related fields. There is development, though, outside of the schools and in the counseling areas. Here, I think, we have seen a good deal of work -- sometime, even, a good deal of smoke when things were really happening.

An example I might give here is the United States Employment Service operation during the summers of 1965 and 1966, of "CAUSE Training Programs." (That is short for Counselor Aide in the University Employment Service Program). These programs were cranked up to assist in some of the expanding programs in USES youth opportunity centers (YOC). They were short-term training programs for anyone with a bachelor's degree, and in some cases persons below the bachelor's level, to become a counselor aide in the state employment service after six to eight or nine weeks of training. The program graduated some 4,000 people from various institutional training programs about the country in the two summers it operated. The programs ranged from traditional counselor education approaches, such as those of the University of Minnesota and other highly respected institutions, to others which were strictly cut-and-paste affairs by anyone willing to put them on. In my opinion, these efforts ranged from poor to indifferent, with some major exceptions. Generally speaking, the U. S. Employment Service has not been overwhelmingly successful with its counselor aide activities at the pre-professional level. We are now finding that many of the people who have "graduated" from these short-term, six to eight week, training programs feel so inadequate that they cannot sustain themselves for long once they are on the job.

I would like to comment in this regard that I think you do have a very serious question of career pattern for the potential aide. This problem is now apparent with the CAUSE graduates. These counselor-aides soon recognized the inadequacy of their short-term pre-professional training and wondered, "Where do I go from here?" The Employment Service has been stepping out to answer this question with support for further professional graduate training. It should be built in.

The Vocational Rehabilitation Administration, as it has most recently been known, has also been active with respect to aides in the rehabilitation counseling area. There have been a number of national meetings and regional discussions on the matter, and they have pushed ahead to extend the horizon of the rehabilitation counselor aide on what seems to be a positive basis.

Probably the greatest extension of work in the related counseling areas has come from the pressure of the Economic Opportunity Act of 1963. This act, as you know, made it necessary to crank up programs in communities all over the country. Very often it was found most appropriate to have the word "counselor" on a proposal because this word is easy to put in and doesn't imply a license as do some of the other terms we have been using here today. I think you folks are perhaps a little safer in your field in that your titles imply more than they do in ours, where almost anyone who has the price of

paying a printer or stonemason, I suppose, can make himself a counselor. It is also true that anyone with a typewriter, we found, can write out proposals. The OEO programs frequently incorporated a counselor, and they may have called him that, or they may have called him a counselor-aide. The title was based on job function, not ordinarily on professional training. So, this has created a very large field for experimental work with all kinds of counselors. Some of it seems to have been productive, particularly in programs like the Neighborhood Youth Corps and the Job Corps centers where, on occasion, they were able to hire qualified staff to operate training programs and direct some of the activities at the various levels of counselors and counselor aides in the programs.

So, within our field, not much of a significant nature is happening in the schools. Nationally we seem to have more action, generating out of Federal concern and involvement: through the Department of Labor's various activities, but particularly the work with the U. S. Employment Service and CAUSE training; through the efforts of the Vocational Rehabilitation Administration; and through those of the Office of Economic Opportunity.

Now I would like to speak, for a moment, on the question of what our professional association, the American Personnel and Guidance Association, has done in this area. You have, available to you, I believe, the policy statement we adopted just about a year ago. This reprint from the Personnel & Guidance Journal gives you much of the crucial information, particularly with respect to -- really a job analysis of -- what the aide might do. I realize this is in contradiction to what my panel colleague, Dr. Davies, was suggesting was appropriate, but we've done it, so I can't very well beg off and say we agree with him whole-heartedly on this. We did think it was important to try to give guidelines. In this instance, APGA was at least up with the field activities that were going on about the country. So, I think a policy statement of this caliber, in 1966, was most timely, even though we may disagree with the content of it. The Association was trying to provide some leadership in this general field. That's where it seems to me it should come from, not from the Federal level.

Now, I'd like to comment on a couple of sections which you don't have before you. In the section immediately preceeding this, I guess that would be page 859, there are two or three important points which are worth considering.

Number 1. I think the career patterns for the counselor and counselor support personnel must be carefully studied. Support personnel jobs may or may not be terminal, but they must be considered in terms of their career patterns and the potential of the individual. In the event that support personnel wish to be upgraded to full professional status, it is to be understood that they must meet the necessary academic and personal characteristics of professional counselors. You may disagree with the statement, but I think they took recognition of the fact that we could not take only the short-term approach by simply hiring people into this field and after two or three or four years of experience consider them counselors. There has to be some thought given to the long-term career involvement; short-term training is

not the entire answer.

Number 2. I think it is an equally important matter that, even though agency policy and hiring practices may ultimately determine the actual role of support personnel, the counselor must also have a voice in determining what specific duties can be performed by such personnel. I think this parallels what Dr. Davies was commenting on in the TEPS Commission work -- the actual practitioner on the job must be an integral partner in the determination of local policy for the utilization of support personnel. I think what we're trying to say here, perhaps a little awkwardly, is that we don't want the function of the aide to be determined arbitrarily by the people we work for in the schools (members of the school board, for instance) or someone we feel is not as well versed in this area as we may be. So, we are suggesting that the counselor should be a very important person in seeing this determination through.

Number 3. I think you have the statements about what the support personnel can do, both directly and indirectly. It is quite an easy job to sit down and analyze the things all of us are doing; almost every professional field could be sifted out so that the professionals produced at a higher level, in keeping with their training. For four or five years we've worked to upgrade the training in our field. About the time we finished that, we had to tackle the job of trying to find ways to utilize people on quite a different level of training. So, we're having to thrust our attention in this direction now, after the laborious task of trying to see how much more education we need. Right or wrong, I understand that is a question all of us have to struggle with.

The professional counselor is emerging out of this study of support personnel with some new responsibilities thrust on him. He should be the one to use all the traditional or expanding relevant theory and authoritative knowledge of effective procedures. The support personnel are characteristically more limited in terms of theoretical background and specialization; they tend to work as team members, just as counselors have to work effectively as team members in the pupil personnel setting. On the instructional side, likewise, we must look toward team work within our particular specialties. I think this, again, is an important matter for us to look at.

What then are the perspectives so far as support personnel in counseling are concerned? I believe the future depends on action at the Federal level. If there is strong Congressional and administrative backing, rapid changes could come about. I think we can see what is happening in the schools, and see that changes in this sector are coming very slowly. Unless there are some significant pushes it would seem to me that we will not make real strides in terms of adopting major national policies to incorporate support personnel in the counseling field.

I have maybe half a dozen reasons for these beliefs. First of all, I do not think that there is sufficient demand that counselors provide leadership and redirect some of their energy toward involvement with support personnel. Secondly, I do not think there is sufficient local pressure from

other leadership groups toward considering support personnel. Further, it seems to me that there will be very little progress until local and state school systems give some thought (and I'd like to discuss this with Dr. Davies) to the matters of classification and certification. Some of our experience where this has been tried shows that if a person does not fit people tend to say, "Well, we don't do it, because there is no fit," rather than saying, "Well, we will do it even though there is no fit." Somehow we have to give some thought to the matter of classification and certification because most of us in public schools live and work in a civil service type of classification. People have to be paid, and they have to be paid at levels comparable to areas in this field.

So, it seems to me, and again I'm speaking purely as an independent observer here, that until we have some progress toward state and local classification and certification we will not have great progress toward nationwide utilization of support personnel in counseling.

I also do not feel we have adequate university training programs available. There are possibly a handful of institutions in a position to train counselor-aides well. Although there has been some interest, and institutions have been working on it, there has also been doubt that anybody would hire aides after they were trained.

Some years ago, before I came, the School of Education at George Washington University went into an expansive program of training elementary school counselors, and it was an adequate program. The trouble was, nobody would hire the people after they were trained. I think there is some of the same fear with respect to the training of the counselor-aide. Possibly we have the resources in the universities -- I'm sure we have the resources -- we might not do the best job in the world, but I don't think that at the present time there is adequate university tooling up to do this job in our field -- and for several good reasons.

Well, I think there is really no clear point where the action is going to come from to push us ahead. We have a policy statement as to what we think we ought to do and what the counselor-aide ought to do, but I do not see the forces presently available to push this over the brink, nor do I see the thing we had in the guidance schools in 1958, the National Defense Education Act, to really get things moving rapidly and moving in a positive direction. It may come.

Right before this meeting I had the privilege of listening to Dr. Harry Passow, Teachers College, Columbia, discuss his monumental report on the District of Columbia schools. One of the major recommendations he discussed today, prior to his public announcement of his findings, revolves around the use of support personnel. Perhaps the kind of ammunition which the Passow report will provide for the District schools will push them to the point of actually doing something that they have been potentially ready to do for the last half-dozen years.

Finally, it seems to me that nothing will happen until there is some

money. Right now there is no money, generally speaking, in school budgets to pay for support personnel. To my knowledge there is very little activity within state department budgets which suggests that they are eagerly waiting the opportunity to extend their budgets to cover support personnel in this field. So the reality is that I do not see any immediate further progress in our area unless some of the "Nos" which I see suddenly turn and become "Yesses." I'd like to hear if you have some information that would translate these "Nos" to "Yesses."

OUR CRISIS

Michael Marge
Bureau of Education for the Handicapped

I am very happy to have the opportunity to talk to you this morning, and to greet all my friends with whom I have been acquainted these past three years.

I'll begin my talk concerning "our crisis" by relating a fairy tale. It seems that, "Once upon a time, in the land of Happiness (and that's somewhere, I think, in the State of Kansas) there lived a people who were most content and serene. Besides being ruled by a considerate and thoughtful leader -- a man holding a post comparable to that of our President -- the people readily received all the necessary medical, educational, and social services found in most smoothly operating welfare states. These services were provided by a large cadre of MESSPs. MESSP refers to medical, education, and social supportive personnel. This approach to the utilization of MESSPs became popular only after a bitter 25-year war, which almost wiped out all of the HOPs, the highly over-trained professionals. The HOPs imposed standard certification and placed the MESSPs under supervision. After the war, the remaining HOPs (again, the highly over-trained professionals) were publicly condemned and departed to other nations, with the dictate that they were never to return. The serene country now abounded with aides: supportive personnel for medical services, or the band-aide; supportive personnel for audiological services, or the hearing-aide; and supportive personnel for speech therapy services, or the tongue-blade (and the male counterpart is the gay-blade). There were also cool-aides for sunburn victims, lemon-aides for those with gastro-intestinal difficulties, and roll-aides for those who took classroom attendance. Each group of aides was organized into federations. For example, the speech and hearing aides were called 'the Speech and Hearing Aides Federation,' or 'SHAF.'

"It so happened that after a number of years when the 25-year war was almost completely forgotten and alluded to only in dusty history books, a group of wandering HOPs returned to Happiness. They gradually infiltrated the serene country of Happiness in small numbers. Though they had heard about the abominable services offered the citizens of Happiness, whom we will call Haps, the highly over-trained professionals became amazed at what they witnessed when they returned to this country. It seemed that services were of the most elementary type, based on cookbook methods, which were used decades before. Research activity was almost completely absent. It appeared that the services which were offered did little or no good for the handicapped, though every child in need of services received something. The well-worn phrase of the aides was, 'Some services are better than no services.'

"In a short time the wandering HOPs became courageous enough to publicize their presence and the establishment of the Happiness Speech and Hearing Association, or HASHA. They established membership standards, certification standards, and self-regulation to protect the public welfare. They pronounced

their stand that the professional must control the provision of medical, educational, and social services, and that aides will work under their supervision. 'Treason! Treason!' cried the aides. 'Such action will destroy our economy!' 'Down with the HOPs,' cried the politicians. The matter became so serious that the National Assembly was convened by the leader of Happiness. The leader, once peaceful and composed, appeared extremely distraught as he approached the lecturn to address the Assembly. He stated, 'My fellow Haps, we are faced today with a crisis of National significance which we did not, and could not anticipate. The issue is whether we will allow a small group of wandering, highly over-trained professionals to interfere with our program to provide medical, educational, and social services to all those who need them by placing our aides under their supervision. By placing our aides under their supervision, they will, for all practical purposes, place our aides in bondage, making them bond-aides or bonded aides. This we will not tolerate. It will hurt our economy. At this time of crisis, we must join together against the professionals and drive them from our borders.' The HOPs were publicly condemned and deported to other nations, never to disrupt the serene state of Happiness."

The moral of the story is: We better hop to bond the banding aides.

Now to our crisis! Our crisis has been created by the manpower shortage in the provision of speech and hearing services in the schools as well as in other job environments. The search for an appropriate solution to solve the manpower shortage is a crisis facing all of us. It is our crisis. And the fairy tale satirically tried to relate some of the almost humorous aspects to this problem.

We have moved too slowly to find a suitable solution to a problem which has been known for many years. Someone may ask, "How did this crisis come about? Why are we faced with the problem at this time? Why wasn't this matter attended to by leaders in our profession? What was ASHA doing all these years? What was the government doing all these years?" The question should be, "What were we doing about this?" When we take on the trappings of professionalism, and I think this is the issue of my whole talk, we must assume responsibilities beyond our immediate charges. We must be concerned about professional problems in the greater community and the needs of the handicapped throughout the nation, not just the needs within our locale.

Therefore, we should not pass our responsibility on to others. This becomes our crisis and its solution will be the result of a joint effort on our part. This crisis came about because the professions, especially the medical profession, have not met the needs of the nation, the needs as demanded by the people of our nation, the Congress, and the President. The concept of the Great Society heightened the problem of the shortage of professional personnel and demanded the immediate resolution of the problem of special services to all who need them.

First, Medicare was passed providing massive funding in support of medical care for all. The Congress was weary with the traditional and unimaginative solutions offered by the medical profession for extending medical

services to all who needed them. Physicians, through the AMA, were clamoring for the maintenance of the status quo while many of our citizens were not receiving services. In face of this situation, others assumed the problem physicians would not solve and Medicare was the result. And on top of this, the problem of the utilization of supportive personnel in medicine evolved.

To extend the services provided by Medicare, the Departments of Labor, and Health, Education, and Welfare took steps to train professional aides in all categories of medicine. The solution was then applied to the health-related and education professions. One may imply that our critics were saying, "Professionals, you have failed. You have failed the nation with your present strategies for the provision of services to the needy. Too many have gone and continue to go without necessary services." And when we look at the realities of the situation, we find the accusation well-founded. For example, a study of the programs under Title I of the Elementary and Secondary Education Act indicated that in 1965, of the approximately 5 million handicapped school-age children in U. S., only 2 out of 5, or only 40%, were receiving any special educational services. There was no indication about the quality of service. That's an entirely different dimension of the problem. Admittedly, the solution for the professional manpower shortage was not carefully analyzed in terms of the maintenance of quality services, the future relationships between the aides and the professionals, and the problem of unionism.

One may say that the danger in the use of supportive personnel may be found in the possibility that the solution becomes a problem in itself, a problem greater than the manpower shortage. Our crisis is made worse by the possibility that professional aides may increase in number greater than that of professionals and if they organize, may begin to dictate standards of professional activity in speech and hearing. The problem could get readily out of hand and the policy makers may begin to believe that aides alone could be the most feasible solution to the manpower shortage.

At the present time, among many leaders in government, there is a general dissatisfaction with and a coolness for the professional. There is a skepticism about the professional's advice which further complicates the issue of the manpower shortage.

One may ask, "Could we have prevented the present action to use professional aides to ease the manpower crisis? Could the whole problem have been avoided?" My answer is <u>yes</u>. As a profession, we knew five years ago that there was a shortage of qualified speech and hearing services throughout the U. S., but we made no attempt to come to the grips with the problem, because to each of us it was remote or up to the other fellow, or up to ASHA. There was an absence of sensitivity to national needs and no organized effort to explore these needs. Our delay to take any action led other groups who were sincerely concerned about national issues, to impose a solution upon us. This is our crisis! As professionals, can we develop a sensitivity to and an awareness of problems facing the nation? Can we learn to anticipate emerging problems which may severely change the shape of our profession and

its activity in years to come and to take appropriate steps to solve these problems?

The issue of this Institute is one which has, and will continue to drastically alter the shape of things to come for speech pathologists and audiologists. We are somewhat fortunate, however, that we've been given an opportunity to explore the problem with a little lead time so that we can come up with recommendations about the training and about the utilization of subprofessionals. Other professionals have not had this advantage to deliberate. We must thank the American Speech and Hearing Association and Dr. Kenneth Johnson, its Executive Secretary, for convincing the various agencies in government that we should be given some opportunity to explore the problem. But though we have received a little breathing space, it is almost too late.

In view of this, it behooves us to consider at this time, what other crises we may face in the future. I am predicting that within the next three to five years, we may encounter the following issues, and unless we take steps as a group to find adequate solution, they will become crises:

The first issue concerns governmental regulation of the profession by the states. About six years ago, I recommended to the Association that we establish a committee to explore the problem of governmental regulation in the states and a committee was established. The members of the Committee explored the problem and recommended that the best solution was to maintain the status quo or discourage state licensing of speech pathologists and audiologists. I firmly oppose this stand. I believe we must take steps now, as weak as the state societies may be, to establish a prototype of a licensing code to be utilized by each state society. If we don't take steps now to work towards licensure -- if we continue to turn our backs on the problem -- we will face what we are facing today. Others, such as hearing aid dealers and clinical psychologists, will license us according to their codes or we will find a hodge podge of licensure procedures which will prevent reciprocity of licensing among states. In order to obtain reciprocity, we must take steps now to develop a prototypical license for states. This is the time for us to act.

Already the problem is beginning to present itself in very subtle ways. For example, when I was President of New Jersey Speech and Hearing Association, I learned that the psychologists in that state were working toward licensure. In the draft of the licensing code they had provisions for the licensure of speech pathologists who were, in their minds, members of the psychological team. And the criteria used to evaluate qualifications of the speech pathologist were not at all in keeping with what we traditionally accepted as appropriate. After considerable effort, I convinced the officers of the New Jersey Psychological Association to drop their attempts to license speech pathologists. Last year, as a result of efforts of the New Jersey Psychological Association, psychologists were successful in obtaining their licensure. To date, the speech pathologists haven't even made a move. In other states, we find the state associations in speech and hearing coming up with impulsive and temporary answers to the licensure problem but only after

they are faced with crises, such as learning about hearing aid dealers who have made an attempt to license their activities. In such instances we are reacting, rather than acting which, in my opinion, is quite unprofessional for a group of specialists who are thought to be aware of current issues concerning their professional activity. We can't avoid the possibility that others may establish certain standards under the law, which will affect our profession because presently we are aware of a number of efforts already underway. So, I think we have to consider this as an emerging crisis.

The second crisis that we may face is the utilization of modern technology and of discoveries of other disciplines, such as modern linguistics, by our profession. There appears to be a resistance to the utilization of teaching machines, programmed instruction, and the findings of modern linguistics. If we don't take steps now to revamp what we do, to incorporate the relevant techniques and to explore greater utilization of the contributions of other disciplines, our profession will be bypassed. If it can be proved that a teaching machine managed by an aide can eliminate relatively simple articulation disorders, we must accept this as a breakthrough. I think we should take hold of this information and it should be our discovery and our recommendation, and not something imposed upon us by others. I have had some recent experiences in the Office of Education which indicate that the professions serving the handicapped are not taking advantage of the knowledge in these areas.

A third possible crisis is in the area of the prevention of speech and hearing disorders. As I review the literature of our profession and the history of our development, I feel we are at a point now when we can take intelligent steps in the interest of the public welfare to prevent the development of some speech and hearing problems. The medical profession can lay claim to eliminating polio and measles as a scourge from the face of the earth. Can we say we've eliminated articulation disorders or stuttering from the face of the earth? We should take steps now, through research, and individual activity, to establish effective public information programs and to take active steps to prevent the development of communication disorders. Other health and health related professions feel that the prevention of disorders is a reasonable responsibility for them. We should accept the same responsibility.

These are going to be our crises: for you to face and for you to manage. It will be necessary, in my judgment, that you can best face these crises by working with your professional groups. You've got to work through groups. We should work closely with the state and national associations to seek adequate solutions to these emerging crises.

Now the question is, will each of you accept the challenge that I hold out to you? That you become, not only professionals of a small town, or professionals of a state, but professionals of a nation. If the past courage and progressiveness of the speech and hearing profession is a true prologue of the future, then I have every assurance that what I am saying this morning will carry great weight with you. One of the best tributes which could be made to our profession, is for us to be identified as that profession

which looks beyond their immediate problems to the needs of all the handicapped throughout the Nation.

Thank you.

SUPPORTIVE PERSONNEL: CURRENT LEGISLATION

James H. Scheuer
United States Congress

Well, I couldn't be more pleased to be here today, and needless to say, this is a subject which is very close to my heart. I'm a little disappointed about the timing of my invitation because I would have much preferred it if you had invited me to speak to you a year ago. Then I could have said, "Now look, the first thing you have to do is organize a conference on the selection, training, and utilization of supportive personnel. And then, the next thing you have to do, is to get some good case histories to use, like this case history on the Coffeyville school project; and spread the word around that this can all work; and then you have to get a bunch of stimulating questions; and really get to the heart of the matter." But I'm afraid you've taken most of the wind out of my sail. The leadership has already been taken; you're having exactly the kind of conference that I, time and again, have urged, cajoled, and pleaded with the Commissioner of Education and others at HEW, to organize for all fields. You're right in there: the fustest with the mostest. So, I feel that you're well on the way to really great achievement in the use of subprofessionals.

I have very little to tell you, frankly. I am obviously a layman among experts and it would be an insolence for me to try to lecture you on how you go about utilizing a subprofessional.

I can perhaps give you a few realities, a few political realities, since, if I'm an expert at anything, it's the art of the possible. I think you are all familiar with the manpower shortage in your field. The fact is that you have about 15,000 professionals in this country now, in the visual audio-therapy fields. Probably that need will double by 1975. As I understand it, there is a need in this country now for 500,000 professionals below the federal level, in state, county, and city organizations, of all kinds. And about 1% of that need, about 5,000, is in your field -- in jobs which have been budgeted, which have been programmed, but for which you cannot find professionals. That deficit of about 5,000 is going to triple in about seven or eight years, by 1975.

I have the sneaking suspicion that the need will more than triple because I have the firm conviction that the whole education process is going to enlarge. What we consider marginal, below first grade, I believe is going to be fundamental. I believe we are going to have a 25% expansion in the need for school professionals, almost overnight. Why, our concepts of what school is,is going to expand. Going down from first grade, I believe, from the six-year-old, we are going to go down roughly to the two-year-old and decide that from two to five is as important a part of the school processes as six to eighteen. Now, if you add three years there, to the normal twelve-year school program, that's a 25% addition to school plants, school professional personnel, school everything. Then, if you have some insight into what happens when kids get into secondary school with their varying capacities, varying backgrounds, varying concepts of their own futures; and if

you consider the enormous number of different models of secondary and post-secondary education, to take care of all the options, I think the need for additional school personnel is almost unmeasurable at this time because we haven't developed the models for the programs.

California is beginning to do it in post-secondary education. Florida is beginning to do it. New York State is just beginning to do it. I think we are just beginning to understand the continuum of the educational process: starting from a very early age, going back to earlier than two years old and extending really through life; the fact that education is life. It starts at birth and continues until death. And when education stops, we die then, just about.

You can call it on the job training, you can call it education, but I suspect that in another five or ten years we will have a very different idea of the length and duration, and scope of what the education process is. I have the feeling that we will, all of us, feel that people should be involved in the education process, all of their lives. Secondly, to underscore that, we are going to have an incredible and unbelievable expansion in the need for educational personnel of all kinds. When it gets to disadvantaged kids with learning disabilities, again, I think we are just beginning to understand the potential of these kids given a one-to-one relationship with a teaching person, whether professional or subprofessional. I think that we are only beginning to understand that what had been considered more or less rigid limitations on their possible achievement, can just whither away when the warmth and sunlight of a one-to-one relationship with somebody delivering educational services is supplied to that kid.

You can test these kids, and say what their maximum achievement is going to be, and it's pure hogwash.

I have a child who was slightly brain-damaged at birth. He happens to be at a school now (some of you may have heard of it, the St. Marie School) where he is making wonderful progress. He was tested, time without number. I remember how depressed my wife and I used to be at these tests that would tell us what the limit was going to be on his learning. Well, when he got compassionate attention, when he had the wonderful care of the Sisters at St. Marie's, the tests just fell by the wayside. They melted away. He made progress, and he responded in a one-to-one relationship.

So, the importance of the one-to-one relationship, particularly and most especially with disadvantaged people with learning disabilities, I think is only just beginning to be understood. They are sensitive and they react for two reasons. First of all, the negative reason: that in many cases their world is more constricted than the normal person's world. Their logical processes sometimes aren't as quick; in large groups they sometimes don't react to a person the way normal kids do. Sometimes their learning problems are not so much a particular disability, a particular brain damage, but the problem that their world is more constricted and nobody is connected with it, and the one-to-one relationship opens them up and they flower, they connect, they communicate, and they learn, from the one-to-one relationship,

the rhythm, the sound, and the music of language in a way that they never learn in large groups.

I am just as convinced as can be that the estimates of personnel, both professional and otherwise in your profession, are going to be considered laughable in just another three to five years.

Normally, you meet a need for personnel either by expanding the personnel in relationship to the constituent group or diminishing the constituent group in relationship to the personnel.

We know that the effectiveness of the teaching person is enhanced geometrically as you get closer to the one-to-one relationship. Those are realities.

So, the only option that your profession has in meeting not only the challenge of the profession but the promise, the unexpected possibility and potential, is by expanding your group.

Now as a member of Congress, I will do everything I can to expand the pipelines for producing professionals. I don't believe that subprofessionals...or nonprofessionals or semiprofessionals, or paraprofessionals, or whatever you want to call them...are any substitute for professionals. We've got to get on with the job of increasing the facilities for producing professionals in this country.

But I think Ed Martin will tell you that no matter what we say the need will be; number one, we will be under estimating the need; and number two, there is just no liklihood in the next two or three or four years, so far as we can evaluate the political process, that we are going to be producing the number of professionals that we need. We are not going to come within a quarter, or a fifth, or a tenth of them. Therefore, the utilization of someone other than the professional...(I hope someone will invent the word that gives these folks more dignity...well, supportive personnel isn't bad. It's better than non-, or semi-, or something, which I find terribly demeaning.)

I don't see that you have any option. If you look at this whole field analytically and clinically, there must be a drastic expansion, at least in the middle run of your supportive personnel. What is the challenge for your group? Well, to do the kind of thing you're doing.

I say I feel a little regretful that I couldn't have come in at least six months earlier and urged you and exhorted you, to do exactly what you're doing now, but you are doing it. I'm sure you'll all come out of this conference enriched, and I'm sure you will enrich the profession. I'm sure when I read the HEW reports and analyses of what this Conference has produced in your own reports, that Ed and I, and the rest of us, the lay folks on the Hill and the professionals on the Hill like Ed, you will all come away with increased sensitivity and increased professionalism due to your labors. That's number one.

Then number two, you have to carry the message to Garcia. You have to constitute yourself as change agents, because your profession, like the education profession in general -- the medical services profession, the welfare profession -- has to change its system to accommodate to this new manpower potential. Other fields are doing it. The constituency is getting used to it. We had 15 or 16 million members of the Armed Forces in World War II who got about 90% of all their medical and health services from supportive personnel. On the battlefield they got 100% of medical services from supportive personnel. In this war we are losing less than 1% battle casualties. Medical aides on the battlefields perform all kinds of operations, they give blood transfusions. A wounded GI doesn't ask a fellow what medical school he went to, where did he intern. They're glad to get the services. And the services are good!

It's interesting to me, that there's been such comparative advance in the field of medical and health services, and teaching services whereas, in your field, there has been a comparative little acceptance so far, of supportive personnel. Hopefully, you folks are the pioneers, as I say the change agents, those in the vanguard of what I hope will be a very significant movement. There's been a powerful surge in education generally in the last year or two. As you know, we now have about 125,000 school aides employed in this country -- about 100,000 under Title I of the Elementary and Secondary Education Bill, and about 20,000 to 24,000 under the Poverty Program, under the so-called New Careers Program that I authored. One of the things that amendment provided for was the requirement that the agency getting a grant had to provide on-the-job training, had to provide opportunities for promotion and advancement through on-the-job training, had to provide orientation of the professionals. That has worked so well that this year I did the same thing in the Committee for the Elementary and Secondary Education bill and the Higher Education bill. We put language in the law for the Elementary and Secondary Education Act requiring that supportive personnel couldn't be hired without training which continues while they are on the job, and without orientation of the professionals who are going to use them. We got very good language in the Committee Report for the Higher Education bill, which I'll read to you.

> "Lastly, the Committee wishes to restate its interest in providing increased aid for programs for the training of teacher aides. Under the proposed Part II, Title B, up to 1/3 of the funds may be used for programs to attract and train teacher aides. In the new proposed Part B, for a project to train teacher aides, are specifically mentioned as a type of undertaking which would qualify for support. (sic) The Committee cannot overstate its interest in providing support for this type of program. Equally important is the training of teachers to work with the teacher aides; particularly for the development of awareness on the part of teachers and school administrators of the advantages of using such aides in positions of increasing responsibility commensurate with their training and experience."

So, we're getting right through the education law, the Federal education law, the concept of the use of teacher aides, the concept of continuing training, the advancement of teaching aides, and the concept of the orientation of the professionals in how to use teacher aides.

Now, what has been the experience over the past year? It's been great. The Bank Street College of Education has been employed to conduct scrutiny of several dozens of these teacher aide programs across the country and the virtually unanimous report is -- they haven't had a single applicant who's conducted a program and has wished to drop it, in all cases they want to expand it.

They're having problems. And thinking about some of those problems will qualify some of the problems you are sure to meet. They include: the problem of the teacher who feels threatened by the aide in the classroom; the problem of the teacher who doesn't want another adult in the classroom; the problem of the teacher who doesn't want anybody to come between her and the child. She doesn't want to have that second adult's presence in the classroom to look at her, to evaluate what she's doing, to make judgments, perhaps, on what she's doing. And that has been a natural and almost predictable reaction to having a second adult in the classroom.

But I think experience has proven that in the program with orientation, the professionals can quickly come to the realization that the aide doesn't threaten them; that the aide is an extension of them: additional eyes, ears, and arms; and that through the supportive personnel they can express more fully, more richly, and more effectively, their highest potential as professionals.

They come to realize, I think, that the orchestra conductor doesn't feel threatened by the first violinist. It is through the first violinist that he exercises his greatest talent; without the first violinist, the tympany and the drums, and the brass, the orchestra conductor isn't much of a creative agent. He expresses himself through the people whom he guides, controls, directs, stimulates, and inspires. I think professionals are coming to just that point of view: that orchestrates the supportive aides in their relationships with the kids, with the constituent groups and through orchestrating them they achieve a level of individual impact on the kids...and crunch. Put it anyway you want: that they were never able to achieve without that supporting aide, and that they get a rich satisfaction out of seeing their own effectiveness enhanced. To whom does the music of the orchestra sound as sweet as the conductor? The first violinist sounds sweeter to the conductor than he does to the first violinist. The conductor hears the first violin and he hears all of the other music and it's a case where the whole is greater than the sum of its parts. He's the catalytic agent that works that magic. I think that from all over the country we're getting reports that professionals now feel that they are enhanced and dignified by the availability of supportive personnel whom they guide, whom they direct, whom they orchestrate, and whom they inspire.

That's the message I think that you folks have to take away back to

your state, county, and city organizations, your State Education Commissions, county and city, too, and to your private nonprofit agencies. You have a terrific leadership job to do, to inform and to convince. And, you have a highly professional job to do in designing the supportive roles to make sure that they are designed to enhance the professional, and enable a lesser-educated person to work constructively under the guidance, the supervision, the authority, and the organizing design of a professional. To make sure that is absolutely true, you professionals ought to be in on it; you ought to take the leadership in designing the jobs yourselves. That's a highly sophisticated, highly technical, highly demanding function that nobody is as well equipped to do as you. As I see it, this is the great challenge that I am sure you will pick up and make your own.

I think past estimates, even current estimates, of the need for manpower in your industry are hopelessly inadequate. I don't know what the need is, I don't think anybody knows. It's tremendous because your opportunities for useful constructive work are tremendous. We have to work at developing the models for producing more professionals, the learning institutions; and that's important. Nobody who believes in the usefulness of supportive personnel could in their wildest imaginings denigrate the importance of training more professional personnel. Members of the orchestra can't function without the conductor. Perhaps in this case, a string quartet is more useful than the full orchestra.

In other words, a large number of professionals with a one-to-one relationship for the supportive personnel rather than one professional with a number of supportive people working with him.

It may mean changing personnel practices, it may mean changing your state and county and city civil service laws to permit involvement in the teaching process of supportive personnel who aren't able to be licensed for teaching under the present practices.

It has gotten way beyond the point where we think that supportive personnel can only be involved in taking off galoshes, wiping sniffling noses, and keeping order on school buses and on the playgrounds. It's quite obvious to me that the subprofessional aide is deeply involved in the teaching process -- under the direct and close and continuing supervision of a professional, of course. These are the challenges that face your group. I know you will come back to Washington in years to come with the feeling that in the year 1967 you were the pacesetters, you were the changemakers, you were the ideological leadership stimulators in a field where the horizons were only dimly perceived, and where you few, in a small army of professionals in 1967, helped make history in bringing those with what we characterize (how accurately, I am not sure) as learning disabilities into full participation to the maximum of their glorious and generally unrecognized and unrealized potential into the main stream of American life where they belong.

Thank you.

APPENDIX B

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